Planning Department
9229 West Loomis Road
Franklin, Wisconsin 53132
Email: generalplanning@franklinwi.gov

City of Franklin

Phone: (414) 425-4024
Fax: (414) 427-7691
Web Site: www.franklinwi.gov

Date of Application: _____

AFFIDAVIT OF CORRECTION (PLAT) APPLICATION

Complete, accurate and specific information must be entered. Please Print.

Applicant (Full Legal Name[s]):
Name: _____
Company: _____
Mailing Address: _____
City / State: _____ Zip: _____
Phone: _____
Email Address: _____

Applicant is Represented by (contact person) (Full Legal Name[s]):
Name: _____
Company: _____
Mailing Address: _____
City / State: _____ Zip: _____
Phone: _____
Email Address: _____

Project Property Information:
Property Address: _____
Property Owner(s): _____
_____
Mailing Address: _____
City / State: _____ Zip: _____
Email Address: _____

Tax Key Nos: _____
_____
Existing Zoning: _____
Existing Use: _____
Proposed Use: _____
Future Land Use Identification: _____

*The 2025 Comprehensive Master Plan Future Land Use Map is available at: http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm

Application submittals FOR AFFIDAVIT OF CORRECTION for review must include and be accompanied by the following:

- ☐ This Application form accurately completed with original signature(s). Facsimiles and copies will not be accepted.
- ☐ Application Filing Fee, payable to City of Franklin: ☐ $125
- ☐ Legal Description for the subject property (WORD.doc or compatible format).
- ☐ Seven (7) complete **collated** sets of Application materials to include:
  - ☐ One (1) original and six (6) copies of a written Project Narrative.
  - ☐ Seven (7) **folded** full size, drawn to scale copies of the Plat Affidavit of Correction (See Section 59.43(2)(m) of the Wisconsin Statues for information that must be included on the correction instrument.
- ☐ Email (or CD ROM) with all plans/submittal materials. *Plans must be submitted in both Adobe PDF and AutoCAD compatible format (where applicable).*

- Upon receipt of a complete submittal, staff review will be conducted within ten business days.
- Most requests require Plan Commission and/or Common Council review and approval.
- All Plat Affidavit of Correction requests shall comply with Section 236.295 of the Wisconsin Statutes.

The applicant and property owner(s) hereby certify that: (1) all statements and other information submitted as part of this application are true and correct to the best of applicant's and property owner(s)' knowledge; (2) the applicant and property owner(s) has/have read and understand all information in this application; and (3) the applicant and property owner(s) agree that any approvals based on representations made by them in this Application and its submittal, and any subsequently issued building permits or other type of permits, may be revoked without notice if there is a breach of such representation(s) or any condition(s) of approval. By execution of this application, the property owner(s) authorize the City of Franklin and/or its agents to enter upon the subject property(ies) between the hours of 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection while the application is under review. The property owner(s) grant this authorization even if the property has been posted against trespassing pursuant to Wis. Stat. §943.13.

(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).

_____
Signature - Property Owner

_____
Name & Title (PRINT)

Date: _____

_____
Signature - Applicant

_____
Name & Title (PRINT)

Date: _____

_____
Signature - Property Owner

_____
Name & Title (PRINT)

Date: _____

_____
Signature - Applicant's Representative

_____
Name & Title (PRINT)

Date: _____