

COMPREHENSIVE MASTER PLAN AMENDMENT (CMP) APPLICATION

(Complete, accurate and specific information must be entered, including full legal names. Please Print.)

Date: _____

Property Owner/Legal Entity*: _____

Applicant**: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email Address: _____

Email Address: _____

* Property specific information may be inapplicable and not required if the requested amendment does not apply to specific property.

** List legal business owner name, if applicable.

Project/Development Name: _____

Project Description: _____

Project Property Address*: _____ Project Tax Key No(s): _____

Existing Zoning: _____ Proposed Zoning (if applicable): _____ Existing Use: _____

Proposed Use (if applicable): _____ 2025 CMP Land Use Identification***: _____

* Property specific information may be inapplicable and not required if the requested amendment does not apply to specific property.

**The 2025 CMP Future Land Use Map is available at:

http://www.franklinwi.gov/DefaultFile/Planning/2025CMP/2025_CMP_Ch5_2025Future_Land_Use_Map5.7.pdf

All CMP Amendment submittals must include and be accompanied by the following:

- This Application form accurately completed with original signatures (facsimiles and copies will not be accepted).
- Application Filing Fee: \$125, payable to the City of Franklin.
- An electronic copy of the Legal Description for the subject property (if applicable).
- Ten copies of a Project Narrative (i.e., a specific, detailed description of the proposed amendment, its intent, impacts, and consistency with the CMP).
- Ten folded copies of a Site Development Plan/Map (i.e., a scaled map identifying the subject property and immediate environs, including parcels, structures, land use, zoning, streets & utilities, and natural resource features, as applicable).

- A meeting must be scheduled with the Planning Department prior to Application submittal.
- Upon receipt of a complete submittal, staff review will be conducted within ten business days.
- All CMP Amendment requests require Plan Commission review, a public hearing, and Common Council approval.

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 of Property Owner: _____

Signature of Applicant: _____

Name and Title: _____

Name and Title: _____

Date: _____

Date: _____

Signature of Property Owner: _____

Name and Title: _____

Date: _____