Planning Department 9229 West Loomis Road

Name & Title (PRINT)

Date: ___

Franklin, Wisconsin 53132 Email: generalplanning@franklinwi.gov



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

Date of Application:	

CERTIFIED SURVEY MAP (CSM) APPLICATION

 ${\it Complete, accurate and specific information must be entered. } \underline{{\it Please Print.}}$

Applicant (Full Legal Name[s]):	Applicant is Represented by: (contact person)(Full Legal Name[s])
Name:	Name:
Company:	Company:
Mailing Address:	Mailing Address:
City / State: Zip:	City / State: Zip:
Phone:	Phone:
Email Address:	Email Address:
Project Property Information:	
Property Address:	Tax Key Nos:
Property Owner(s):	
	Existing Zoning:
Mailing Address:	Existing Use:
City / State: Zip:	Proposed Use:
Email Address:	CMP Land Use Identification:
*The 2025 Comprehensive Master Plan Future Land Use Map is availa	ble at: http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm
Certified Survey Maps shall be prepared as provided in § 236.34 (1m) (c) W	is. Stats. and Division 15-7.0700 of the Unified Development Ordinance.
Certified Survey Map submittals for review must include and be accompan	ied by the following:
Milwaukee County Review Fee, payable to Milwaukee County Register of Deeds: \$75	
☐ Two (2) original map copies for Milwaukee County review, prepared	at 8-1/2" wide by 14" long on durable white paper.
☐ This Application form accurately completed with original signature(s). Face the second of the sec	acsimiles and copies will not be accepted.
Application Filing Fee, payable to City of Franklin: \$1,500	
Seven (7) complete sets of Application materials, for City of Franklin revi	ew to include:
Project Summary: a written detailed description of the project: One	(1) original and six (6) copies
☐ Map Copies: One (1) original map copy and six (6) map copies prepa	ared at 8-1/2" wide by 14" long and must be clearly legible.
As may be required, seven (7) copies of a "Natural Resource Protection F	'lan and "Landscape Plan" for any landscape bufferyard easement areas.
If applicable, three (3) copies of the Natural Resource Protection report (see Division 15-9.0309D of the UDO).	
If applicable, one copy of the Site Intensity and Capacity Calculations (see Division 15-3.0500 of the UDO).	
Email (or CD ROM) with all plans and submittal materials in Adobe PDF.	
•Upon receipt of a complete submittal, staff review will be cond	
•All Certified Survey Map requests require Plan Commission review and Common Council approval.	
•All Certified Survey Map requests shall comply with Chapter 236 of the Wisconsin State Statutes.	
	and other information submitted as part of this application are true and correct
	ant and property owner(s) has/have read and understand all information in this
	approvals based on representations made by them in this Application and its
, , , , , , , , , , , , , , , , , , , ,	of permits, may be revoked without notice if there is a breach of such cation, the property owner(s) authorize the City of Franklin and/or its agents to
	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	
, , , , , , , , , , , , , , , , , ,	siness is an LLC, or from the President or Vice President if the business is a
• • • • • • • • • • • • • • • • • • • •	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 signat	ure[s] below. If more than one, all of the owners of the property must sign this
Application).	
	-
Signature - Property Owner	Signature - Applicant
Name & Title (PRINT)	Name & Title (PRINT)
Date:	Date:
Signature - Property Owner	Signature - Applicant's Representative
Signature : Froperty Owner	Signature - Applicant's representative

Name & Title (PRINT)

Date: ___