Planning Department

Name & Title (PRINT)

9229 West Loomis Road 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:	

Date:

APPLICATION FOR SUBDIVISION PLAT - FINAL

Complete, accurate and specific information must be entered. 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:		Future Land Use Identification:	
*The 2025 Comprehensive Master Pla	an <u>Future Land Use Map</u> is availab	ole at: http://www.franklinwi.gov/Home/ResourcesDoc	uments/Maps.htm
		Wisconsin State Statutes and City of Franklin UDO Divisi e found at the City's web site: www.franklinwi.gov	ion 15-7.600 Final Plat.
Final Subdivision Plat Application submittals	for review must include and be	accompanied by the following:	
		Deeds: \$150 (applies if NO Preliminary Plat submitted	<i>I</i>)
	· -	pared at 22x30-inch on durable white media (s. 236	
☐ This Application form accurately complete			. () () ,
Application Filing Fee, payable to City of F		·	
Legal Description for the subject property	(WORD.doc or compatible elec	tronic format).	
One copy of the Department of Administr			
☐ Eight (8) complete collated and folded set	s of Application materials to inc	clude:	
One (1) original and seven (7) copies	of a written Project Narrative, d	etailed description of the project.	
☐ Eight (8) full size copies of the Final P	'lat, drawn to scale (22" x 30")	per s. 236.25(2) (a) Wis. Stats, and Division 15-7.600 FIN	IAL PLAT of the UDO.
☐ Email (or CD ROM) with all plans/submitte	al materials. Plans must be subm	itted in both Adobe PDF and AutoCAD compatible form	at (where applicable).
	• •	ttal, staff review will be conducted within 20 days.	
	·	nmission review and recommendation within 40 days of uncil shall approve, conditionally approve or reject the F	
- within 00 days		ded by agreement with the Subdivider.	iliai riat,
The applicant and property owner(s) hereby cert		her information submitted as part of this application are	e true and correct to the hest
of applicant's and property owner(s)' knowledge the applicant and property owner(s) agree that issued building permits or other type of permit execution of this application, the property owner	e; (2) the applicant and property any approvals based on represers, may be revoked without notic r(s) authorize the City of Franklin	owner(s) has/have read and understand all information trations made by them in this Application and its subset if there is a breach of such representation(s) or any and/or its agents to enter upon the subject property(ieder review. The property owner(s) grant this authoriza	on in this application; and (3) mittal, and any subsequently condition(s) of approval. By s) between the hours of 7:00
been posted against trespassing pursuant to Wis		iseeen the property owner(s) grant and authoriza	a.o even if the property has
		an LLC, or from the President or Vice President if the	
		nt's signature below, and a signed property owner's of the owners of the property must sign this Application	
Signature - Property Owner		Signature - Applicant	
Name & Title (PRINT)		Name & Title (PRINT)	
	:		
		·	
Signature - Property Owner		Signature - Applicant's Representative	

Name & Title (PRINT)

Date: