

Date of Application: _____

LAND COMBINATION APPLICATION

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

<p>Property Owner(s) (Full Legal Name[s]):</p> <p>Name(s): _____</p> <p>Mailing Address: _____</p> <p>City / State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Project Property #1 Information:</p> <p>Property Address: _____</p> <p>Tax Key No: _____</p> <p>Existing Zoning: _____</p> <p>Existing Use: _____</p> <p>Proposed Use: _____</p> <p>Future Land Use Identification: _____</p>	<p>Applicant is Represented by (contact person) (Full Legal Name[s]):</p> <p>Name: _____</p> <p>Company: _____</p> <p>Mailing Address: _____</p> <p>City / State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Project Property #2 Information:</p> <p>Property Address: _____</p> <p>Tax Key No: _____</p> <p>Existing Zoning: _____</p> <p>Existing Use: _____</p> <p>Proposed Use: _____</p> <p>Future Land Use Identification: _____</p>
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*The 2025 Comprehensive Master Plan [Future Land Use Map](http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm) is available at: <http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm>

Land Combination submittals 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: ☐ \$400

☐ Legal Description for the subject properties (WORD.doc or compatible format).

☐ Seven (7) copies of a boundary survey of the parcels to be combined graphically showing the relationship to street access and to adjoining properties.

☐ Email (or CD ROM) with all plans/submittal materials (where applicable). *Plans must be submitted in both Adobe PDF and AutoCAD compatible format.*

- Upon receipt of a complete submittal, staff review will be conducted within ten business days.
- Review and consideration of Land Combination approvals shall be in accordance with Section 15-9.0312(B) of the Unified Development Ordinance.
- Requests require Plan Commission review and Common Council approval.
- Final document will be recorded by the City Clerk's Office with Milwaukee County Register of Deeds.

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 - Property Owner

Name & Title (PRINT)
Date: _____

Signature - Applicant

Name & Title (PRINT)
Date: _____

Signature - Applicant's Representative

Name & Title (PRINT)
Date: _____