## **Planning Department**

Name & Title (PRINT)

Date: \_\_\_

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: _	
------------------------	--

## **MISCELLANEOUS APPLICATION**

Complete, accurate and specific information must be entered. <u>Please Print.</u>

Applicant	(Full Legal Name[s]):	Applicant is Represented by (contact person)	(Full Legal Name[s]):
Name:		Name:	
Company:	<u> </u>	Company:	
Mailing Address:		Mailing Address:	<del>.</del>
City / State:		City / State:	
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 Plan	n <u>Future Land Use Map</u> is availal	ole at: http://www.franklinwi.gov/Home/ResourcesDoo	cuments/Maps.htm
Miscellaneous Application submittals for revie	ew must include and be accon	npanied by the following:	
☐ This Application form accurately completed	d with original signature(s). Fa	csimiles and copies will not be accepted.	
Application Filing Fee, payable to City of Fra	anklin: \$125		
Legal Description for the subject property (	WORD.doc or compatible form	nat).	
(1) original and six (6) copies of a written Pr	oject Narrative, including deto	ailed description of the project.	
Other information as may be deemed appr	opriate for the request.		
<ul> <li>Upon receipt of a complete subr</li> <li>Submittal of Application for reviorable</li> <li>Plan Commission, Community Description</li> </ul>	ew is not a guarantee of approv	•	
of applicant's and property owner(s)' knowledge; the applicant and property owner(s) agree that a issued building permits or other type of permits, execution of this application, the property owner(	(2) the applicant and property any approvals based on represe may be revoked without notic s) authorize the City of Franklin ction while the application is ur	her information submitted as part of this application ar owner(s) has/have read and understand all information ntations made by them in this Application and its sub see if there is a breach of such representation(s) or any and/or its agents to enter upon the subject property(is ader review. The property owner(s) grant this authorize	on in this application; and (3) mittal, and any subsequently y condition(s) of approval. By es) between the hours of 7:00
signed applicant's authorization letter may be p	provided in lieu of the applica	an LLC, or from the President or Vice President if the nt's signature below, and a signed property owner's l of the owners of the property must sign this Applicati	authorization letter may be
Signature - Property Owner		Signature - Applicant	
Name & Title (PRINT)		Name & Title (PRINT)	
Date:		Date: _	
Signature - Property Owner	_	Signature - Applicant's Representative	

Name & Title (PRINT)

Date: \_\_\_