

PLAT AFFIDAVIT OF CORRECTION APPLICATION

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

Date: _____	
Property Owner(s)/Legal Entity: _____	Applicant: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email Address: _____	Email Address: _____

Project/Development Name: _____	
Project Description: _____	
Project Location: _____	Project Tax Key No(s): _____
Existing Zoning: _____ 2025 CMP Land Use Identification: _____	
*The 2025 CMP Future Land Use Map is available at: http://www.franklinwi.gov/DefaultFilePile/User/Planning/2025CMP/2025_CMP_Ch5_2025Future_Land_Use_Map5.7.pdf	

- All Plat Affidavit of Correction 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.
 - Ten copies of a Project Narrative (i.e., a detailed description of the project).
 - An electronic copy of the Legal Description for the subject property.
 - Ten 8.5 x 11 inch or 8.5 x 14 inch copies of the Plat Affidavit of Correction. See Section 59.43(2)(m) of the Wisconsin Statutes for information that must be included on the correction instrument.
- 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 Plat Affidavit of Correction requests shall comply with Section 236.295 of the Wisconsin Statutes.

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: _____	

Project Contact Name: _____

Company: _____

Phone: _____

Email: _____