



Date of Application: _____

ZONING COMPLIANCE APPLICATION

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

Applicant (Full Legal Name[s]):

Name: _____
Company: _____
Mailing Address: _____
City / State: _____ Zip: _____
Phone: _____
Email Address: _____

Applicant is Represented by: (contact person)(Full Legal Name[s])

Name: _____
Company: _____
Mailing Address: _____
City / State: _____ Zip: _____
Phone: _____
Email Address: _____

Project Property Information:

Property Address: _____
Tax Key Nos: _____
Existing Zoning: _____
Existing Use: _____

Property Owner(s): _____
Mailing Address: _____
City / State: _____ Zip: _____
Email Address: _____

Business Name (Name your business will operate under): _____

Hours of Operation: _____

Number of Employees (per shift): _____

Description of Business: _____

Types of vehicles associated with the business, number of parking stalls, and frequency of delivery or pick-up activities (if applicable): _____

Zoning Compliance 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: \$100
- One (1) written Project Summary, including description of the proposed business, interior/exterior building modifications or additions to be made to property, site improvement costs and any other information that is available.
- One (1) Site Plan, drawn to a sizable scale. The submittal should include property lines and existing structures; parking and vehicle circulation areas, identifying number of stalls available and location of handicapped parking stalls; location of all ingress/egress points and any landscape modifications.

•Upon receipt of a complete submittal, staff review will be conducted within ten business days.

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: _____