

Planning Department
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Affidavit

I hereby depose and say that all the statements contained in any and all papers submitted herewith this Application are true.

Signature of Property Owner 1: _____ Signature of Property Owner 2: _____

Name and Title: _____ Name and Title: _____

STATE OF WISCONSIN)

) SS

MILWAUKEE COUNTY)

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC

MILWAUKEE COUNTY, WISCONSIN

My Commission Expires: _____

STAFF USE ONLY: DISPOSITION BY BOARD OF ZONING AND BUILDING APPEALS

Application Received (Date): _____ Hearing No. _____

Property Owner(s) Name: _____

Property Address: _____

BZBA Meeting Date: _____

Approved

Denied

Signature of Board Members

Print Name:

_____ Yes _____ No _____ Abstain _____ Recues

Print Name:

_____ Yes _____ No _____ Abstain _____ Recues

Print Name:

_____ Yes _____ No _____ Abstain _____ Recues

Print Name:

_____ Yes _____ No _____ Abstain _____ Recues

Print Name:

_____ Yes _____ No _____ Abstain _____ Recues