

**Planning Department**9229 West Loomis Road  
Franklin, Wisconsin 53132

(414) 425-4024

✉ generalplanning@franklinwi.gov  
[franklinwi.gov](http://franklinwi.gov)

APPLICATION DATE: \_\_\_\_\_

STAMP DATE: \_\_\_\_\_ city use only \_\_\_\_\_

**HOME-BASED BUSINESS****PROJECT INFORMATION [print legibly]****APPLICANT [FULL LEGAL NAMES]****APPLICANT IS REPRESENTED BY [CONTACT PERSON]**

NAME:	NAME:
COMPANY:	COMPANY:
MAILING ADDRESS:	MAILING ADDRESS:
CITY/STATE: ZIP:	CITY/STATE: ZIP:
PHONE:	PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

**PROJECT PROPERTY INFORMATION**

PROPERTY ADDRESS:	TAX KEY NUMBER:
PROPERTY OWNER:	PHONE:
MAILING ADDRESS:	EMAIL ADDRESS:
CITY/STATE: ZIP:	DATE OF COMPLETION: office use only

**SIGNATURES**

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).*

☐ I, the applicant, certify that I have read the following page detailing the requirements for plan commission and common council approval and submittals and understand that incomplete applications and submittals cannot be reviewed.

PROPERTY OWNER SIGNATURE:	APPLICANT SIGNATURE:
NAME & TITLE: DATE:	NAME & TITLE: DATE:
PROPERTY OWNER SIGNATURE:	APPLICANT REPRESENTATIVE SIGNATURE:
NAME & TITLE: DATE:	NAME & TITLE: DATE:

## BUSINESS INFORMATION

PROPERTY TYPE, check one

☐ Single-Family    ☐ Townhome    ☐ Duplex    ☐ Multifamily

BUSINESS DESCRIPTION: [please describe your business, if more space is needed please attached a separate document to your submittal]

## SUBMITTAL REQUIREMENTS

- ☐ This application form accurately completed with signatures and/or authorization letters.
- ☐ One (1) completed *Standards in the Review of Home-Based Businesses* form.

## FILING FEES

- ☐ \$85: Home-Based Business.
  - Payment options:
    - ☐ Mail or attach check payable to the City of Franklin.
    - ☐ Pay in person at City Hall.
    - ☐ Pay online (you will receive an invoice by email).

## APPROVALS FROM OTHER CITY DEPARTMENTS

Approvals from other city departments may be required for the following:

- [Engineering Department](#): Stormwater management, utilities, easements, erosion control, land disturbance permits.
- [Inspection Services Department](#): Building permits, trades permits (HVAC, plumbing, electrical), certificate of occupancy.
- [Fire Department](#): Alarm and sprinkler permits, hood system, clean agent system, underground (new build only).
- [Health Department](#): Retail food license, swimming pool license, hotel/motel license.
- [City Clerk](#): Liquor license, day care license, entertainment license, hotel/motel tax.