APPLICATION DATE: _____

Planning Department 9229 West Loomis Road Franklin, Wisconsin 53132 ☎ (414) 425-4024 ⊠ generalplanning@franklinwi.gov franklinwi.gov



STAMP DATE: ____city use only___

Minor Land Division (Certified Survey Map CSM)

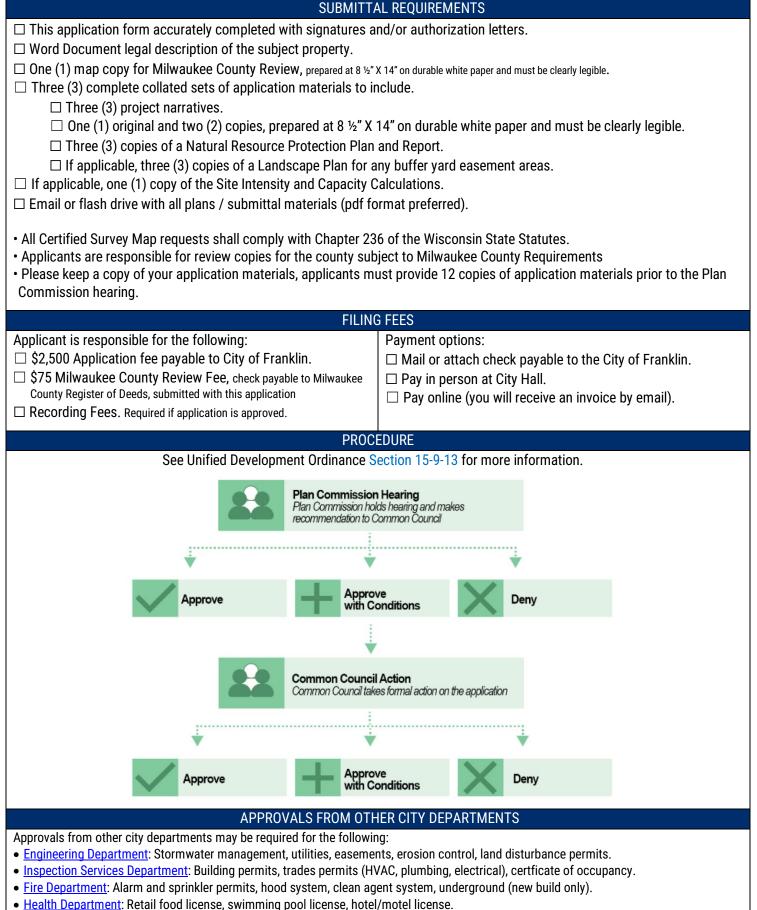
PROJECT INFORMATION [print legibly]					
APPLICANT [FULL LEGAL NAMES]		APPLICANT IS REPRESENTED BY [CONTACT PERSON]			
NAME:		NAME:			
COMPANY:		COMPANY:			
MAILING ADDRESS:		MAILING ADDRESS:			
CITY/STATE:	ZIP:	CITY/STATE:	ZIP:		
PHONE:		PHONE:			
EMAIL ADDRESS:		EMAIL ADDRESS:			
PROJECT PROPERTY INFORMATION					
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					

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:	
Noune a mee.	Dirit.	in the diffee.	Diffe.	



- <u>Health Department</u>. Retain rood incerse, swimming poor incerse, noter/moter incerse
 <u>City Clark: Liguer ligence</u>, day agra ligence, entertainment ligence, betal/metal tax
- <u>City Clerk</u>: Liquor license, day care license, entertainment license, hotel/motel tax.