



Date of Application: _____

REZONING 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: _____
Property Owner(s): _____

Mailing Address: _____
City / State: _____ Zip: _____
Email Address: _____

Tax Key Nos: _____

Existing Zoning: _____
Existing Use: _____
Proposed Use: _____
CMP Land Use Identification: _____

*The 2025 Comprehensive Master Plan Future Land Use Map is available at: <http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm>

Rezoning 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: ☐ \$1,250 ☐ \$350 (One Parcel Residential)
- ☐ Legal Description for the subject property (WORD.doc or compatible format).
- ☐ Seven (7) complete **collated** sets of Application materials to include:
 - ☐ One (1) original and six (6) copies of a written Project Summary, *including a general description of the proposed development of the property, proposal's intent, impacts, and consistency with the Comprehensive Master Plan.*
 - ☐ Seven (7) **folded** copies of a Plot Plan, or Site Plan, drawn to a reasonable scale (at least 11"x17" or as determined by the City Planner or City Engineer) and fully dimensioned showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent zoning districts, and the location and existing use of all properties within 200 feet of the area proposed to be rezoned.
- ☐ Email (or CD ROM) with all plans/submittal materials.
- ☐ Additional Information as may be required.

- Additional notice to and approval required for amendments or rezoning in the FW, FC, FFO, and SW Districts.
- Upon receipt of a complete submittal, staff review will be conducted within ten business days.
- Requires a Class II Public Hearing notice at Plan Commission.
- Rezoning requests require Plan Commission review and recommendation and Common Council approval.

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: _____