



Date of Application: _____

UNIFIED DEVELOPMENT ORDINANCE (UDO) TEXT AMENDMENT APPLICATION

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

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| <p>Applicant (Full Legal Name[s]):</p> <p>Name: _____</p> <p>Company: _____</p> <p>Mailing Address: _____</p> <p>City / State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Project Property Information: (if applicable)</p> <p>Property Address: _____</p> <p>Property Owner(s): _____</p> <p>Mailing Address: _____</p> <p>City / State: _____ Zip: _____</p> <p>Email Address: _____</p> | <p>Applicant is Represented by: (contact person)(Full Legal Name[s])</p> <p>Name: _____</p> <p>Company: _____</p> <p>Mailing Address: _____</p> <p>City / State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Tax Key Nos: _____</p> <p>Existing Zoning: _____</p> <p>Existing Use: _____</p> <p>Proposed Use: _____</p> <p>CMP Land Use Identification: _____</p> |
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UDO Text Amendment 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: \$200

Seven (7) copies of a written Project Narrative, *including a full description of the proposed text amendment.*
(Include the proposal's intent, impacts, and consistency with the Comprehensive Master Plan.)

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

- 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.
- Unified Development Ordinance Text Amendment requests require Plan Commission review and recommendation and Common Council approval.
- The City's Unified Development Ordinance (UDO) is available at www.franklinwi.gov.

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 - Applicant

Name & Title (PRINT) Date: _____

Signature - Property Owner

Name & Title (PRINT) Date: _____

Signature - Applicant's Representative

Name & Title (PRINT) Date: _____