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

APPLICATION DATE: _____

STAMP DATE: ____city use only_____

ZONING COMPLIANCE APPLICATION

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

BUSINESS INFORMATION

BUSINESS NAME:	TYPES OF VEHICLES (including size):
NUMBER OF EMPLOYEES (per shift):	FREQUENCY OF DELIVERIES OR PICK-UP ACTIVITIES:
HOURS OF OPERATION:	DO YOU HAVE OVERNIGHT PARKING? ☐YES ☐ NO

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

ZONING COMPLIANCE APPLICATION MATERIALS

☐ This application form accurately completed with signatures or authorization letters (see below).

☐ $100 Application fee payable to the City of Franklin.

☐ One (1) site plan, drawn to scale that highlights the space being occupied. *Modifications or additions should be noted.*

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 above page detailing the requirements for Zoning Compliance 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: