

Date of Application:

## **CONCEPT REVIEW APPLICATION**

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

Applicant (Full Legal Name[s]):	Applicant is Represented by: (contact person)(Full Legal Name[s])
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 Nos:
Property Owner(s):	
	Existing Zoning:
Mailing Address:	Existing Use:
City / State: Zip:	Proposed Use:
Email Address:	CMP Land Use Identification:
*The 2025 Comprehensive Master Plan Future Land Use Map is available	e at: http://www.franklinwi.gov/Home/ResourcesDocuments/Maps.htm
Concept Review submittals for review must include and be accompanied by t	he 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: \$250	
Three (3) complete <u>collated</u> sets of Application materials to include:	
One (1) original and two (2) copies of a written Project Summary, including description of any new building construction and site work, interior/exterior building modifications or additions to be made to property, site improvement costs, estimate of project value and any other	
information that is available.	serty, site improvement costs, estimate of project value and any other
	evelopment Plan of the subject property(ies) and immediate surroundings
(i.e., a scaled map identifying the subject property and immediate envi	
	ing, existing and proposed infrastructure and utilities[approximate locations
only], and existing and proposed site conditions/site constraints [i.e. ap resources/green space and drainage issues/concerns, etc.])	oproximate locations of public road access, rights-of-way, natural
Three colored copies (11"x17") of the building elevations, if applicable	
Email (or CD ROM) with all plans/submittal materials. Plans must be submit	
<ul> <li>Upon receipt of a complete submittal, staff review will be conducted</li> </ul>	ted within five business days.
•Concept Review requests are reviewed by the Committee of the V	

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	Signature - Applicant
Name & Title (PRINT) Date:	Name & Title (PRINT) Date:
Signature - Property Owner	Signature - Applicant's Representative
Name & Title (PRINT) Date:	Name & Title (PRINT) Date: