Planning Department 9229 West Loomis Road Franklin, Wisconsin 53132 (414) 425-4024 <u>franklinwi.gov</u>



APPLICATION DATE:			
STAMP DATE:	city use only		

## MISCELLANEOUS APPLICATION

IVIISCELLANEOUS APPLICATION				
PROJECT INFORMATION [print legibly]				
APPLICANT [FUL	L LEGAL NAMES]	APPLICANT IS REPRESE	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 PRO	PERTY INFORMATION		
PROPERTY ADDRESS:		TAX KEY NUMBER:		
PROPERTY OWNER:		PHONE:		
MAILING ADDRESS:		EMAIL ADDRESS:		
CITY/STATE:	ZIP:	DATE OF COMPLETION:	office use only	
APPLICATION MATERIALS  The following materials must be submitted with this application form. *incomplete applications and submittals cannot be reviewed.				
☐ This application form accurately filled out with signature or authorization letters (see below). ☐ \$210 Application fee payable to the City of Franklin ☐ Word Document Legal description for the subject property. ☐ Three (3) Project Narratives ☐ Other information as may be deemed appropriate for the request ☐ Email or flash drive with all plans/submittal materials.  Submittal of Application for review is not a guarantee of approval. Plan Commission, Community Development Authority and/or Common Council review and approval may be required.  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 Miscellaneous approval and submittals and understand that incomplete applications and submittals cannot be reviewed.				
PROPERTY OWNER SIGNATURE:		APPLICANT SIGNATURE:		
THE ENTI OWNER SIGNATURE.		AT ECANT SIGNATURE.		
NAME & TITLE:	DATE:	NAME & TITLE:	DATE:	
PROPERTY OWNER SIGNATURE:		APPLICANT REPRESENTATIVE SI	GNATURE:	
NAME & TITLE:	DATE:	NAME & TITLE:	DATE:	