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

APPLICATION DATE: _____

STAMP DATE: ____city use only_____

NATURAL RESOURCE SPECIAL EXCEPTION 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:	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).
- ☐ $1,000 Application fee payable to the City of Franklin
- ☐ Word Document Legal description for the subject property.
- ☐ Three (3) collated sets of the following …
  - ☐ Three (3) folded full size Plats of Survey, *drawn to scale copies on 24" X 36" paper as required by Section 15-9.0110(B) of the Unified Development Ordinance.*
  - ☐ Three (3) folded full size of the Natural Resource Protection Plan *drawn to scale copies on 24" X 36" paper, see Sections 15-4.0102 and 15-7.0201 for information that must be denoted on or included with the NRPP).*
  - ☐ Three (3) copies of the Natural Resource Protection Report *if applicable. (see Section 15-7.0103Q of the UDO).*
  - ☐ Three (3) copies of the Natural Resource Special Exception Question and Answer Form.
- ☐ One copy of all necessary governmental agency permits for the project or a written statement as to the status of any application for each such permit.
- ☐ Email or flash drive with all plans/submittal materials.

Natural Resource Special Exception requests require review by the Environmental Commission, public hearing at and review by the Plan Commission, and Common Council approval prior to recording with Milwaukee County Register of Deeds.

Applicant is responsible for providing Plan Commission and Environmental Comission resubmittal materials up to 11 copies pending staff request and comments.

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 NRSE 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: