

**Town of Milton
Historic Preservation Review**

Date: _____

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number of Property Owner: _____

Name of Applicant if different: _____

Address of Applicant if different: _____

Phone Number of Applicant if different: _____

Applicant's Interest in Property: _____

Location of Property: _____

Sussex County Tax Map and Parcel Number: _____

Property Size/Dimensions: _____

Description of work: _____

Number of Packages Required: _____

11

Items Required:

Site Plan
Existing Photo Conditions
Photos of Street Scape
Sample Material
Architectual Drawings
Example Model
Other

Signature of Applicant: _____

For Official Use Only

Date Received: _____

Next Meeting Date: _____