

**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:

Application Fee \$50.00
Site Plan
Existing Photo
Conditions Photos of
Street Scape Sample
Material Architectural
Drawings Example
Model
Other

Signature of Applicant: _____

**Signature of Property Owner
(if different than applicant)** _____

**For Official Use
Only**

Date Received: _____

FEE \$50.00

Check # _____

Next Meeting Date: _____