

Town of Milton
Re-Zoning Application

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: _____

Name of licensed Engineer/Surveyor used: _____

Address of licensed Engineer/Surveyor used: _____

Phone number of Engineer/Surveyor: _____

Location of Property to be Rezoned: _____

Sussex County Tax Map and Parcel Number: _____

Current zoning: _____ Circle One R-1 R-2 R-3 TC C-1 LI-1 MR-1 LPD

Proposed zoning: _____ Circle One R-1 R-2 R-3 TC C-1 LI-1 MR-1 LPD

Total acreage of property: _____

Other items or remarks: _____

Site Plans Required:

Town Council - 8

Planning and Zoning - 12

Application Fee \$400.00

Signature of Applicant: _____

For Official Use Only

Date Received: _____

Complies with Comprehensive Plan: _____ Yes / No

Comprehensive Plan proposed zoning: _____ R-1 R-2 R-3 TC C-1 LI-1 MR-1 LPD

Next Town Council Date: _____

Next Planning and Zoning Date: _____

Payment Received: _____

Amount: _____

Cash/Check # _____

P & Z Comments: _____

Town Council Comments: _____
