

Town of Milton

Application for Subdivision

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 Subdivided: _____

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 Overlay

Proposed zoning if changing: _____ Circle one R-1 R-2 R-3 TC C-1 LI-1 MR-1 LPD Overlay

Total acreage of property: _____

Density per acre: _____

Number of lots proposed: _____

Average size of lots: _____

Total acreage to be dedicated to open space: _____

Ownership of open space: _____

Other items or remarks: _____

Site Plans Required: _____ Town Council - 8

_____ Planning and Zoning - 12

Application Fee \$100 + \$25 per lot: _____

Signature of Applicant: _____

For Official Use Only

_____ Date Received: _____

Complies with Comprehensive Plan: _____ Yes / No

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

Next Town Council Date: _____

Next Planning and Zoning Date: _____

Town water available as per Town Engineer: _____

Town sewer available as per Town Engineer: _____

Payment Received: _____

Amount: _____

Cash/Check # _____