

Town of Milton

115 Federal Street
Milton, DE 19968



www.milton.delaware.gov

Phone: 302-684-4110

Fax: 302-684-8999

Historic Preservation Review

DATE _____

Property Owner: _____

Owner Address: _____

Telephone: _____

Applicant, if different: _____

Applicant telephone: _____

Applicant's Interest in Property: _____

Location of Property: _____

Sussex County Tax Map and Parcel ID#: _____

Property Size/ Dimensions: _____

Description of Proposed Work:

Items Required: Application Fee \$50.00

Site Plan*

Existing Site Photos*

Streetscape Photos*

Sample Materials

Architectural Drawing*

Other as required*

*10 Copies required

Signature of Applicant: _____

Signature of Property Owner: _____

(If different from Applicant)

FOR OFFICIAL USE ONLY

Date Received: _____ Fee \$ 50.00 Check # _____ Meeting Date: _____