

Town of Milton

115 Federal Street
Milton, DE 19968



www.milton.delaware.gov

Phone: 302-684-4110

Fax: 302-684-8999

Application for Subdivision

DATE: _____

Property Owner: _____

Owner Address: _____

Telephone: _____

Applicant, if different: _____

Applicant address: _____

Telephone: _____

Applicant's interest in property: _____

Engineer/Surveyor of Record: _____

Telephone: _____

Location of proposed subdivision: _____

Sussex County Tax Map and Parcel ID #: _____

Current Zoning: (circle one) R-1 R-2 R-3 T-C C-1 LI-1 M-R LPD Overlay

Proposed Zoning: (circle one) R-1 R-2 R-3 T-C C-1 LI-1 M-R LPD Overlay

Total Property Acreage: _____ Number of Lots Proposed: _____

Density per Acre: _____ Average Lot Size: _____

Acreage dedicated to Open Space: _____

Proposed ownership of Open Space: _____

Other Items or Comments: _____

Signature of Owner: _____

Signature of Applicant: _____

Site Plans required: Planning and Zoning – 12 Mayor and Town Council – 10

Application Fee \$100.00 plus \$25.00 per lot Escrow of \$2,500.00 per current Fee Schedule

FOR OFFICIAL USE ONLY

Date Received: _____

Complies with Current Comprehensive Plan: YES/NO _____

Proposed Comprehensive Plan Zoning: _____

Existing Zoning: _____

Next available Town Council Date: _____

Next available Planning and Zoning Date: _____

Town Water available: _____ per: _____

Wastewater Treatment available: _____ per: _____

Payment Received: _____ Amount: _____ Check#: _____