Town of Milton Town Hall

115 Federal Street

BOARD OF ADJUSTMENT Application for Variance/Appeal

Milton, Delaware 19968 302-684-4110	Tax Map ID No.:
APPLICANT:	LEGAL OWNER:
Name	Name
Address	Address
City State Zip Code Phone No.:	City State Zip Code Phone No.:
E-mail Address:	
Subject Site Location: Address/Location Has a previous land-use application for this property	y been filed? If yes, Application No.:
A scaled drawing accurately describing relation to the property lines, the metes a easements or rights of ways affecting the street/road. (Certified Survey) Copies of any deed restrictions or home A statement of the Nature of Request are why it is not possible for the proposal to Attach a separate letter. The Applicant will provide notice of the proposal to th	nd an explanation of the Exceptional Practical Difficulty o meet the Code requirements. Dending application to the adjacent property owners (certified Notice shall be published in advance of the hearing date.
Applicant's Signature	Date
Legal Owner(s) Name(s) - Please Print	
Legal Owner(s)' Signature	Date

	HE APPROPRIATE SECTION BELOW AND FILL IN THE REQUIRED INFORMATION PERTAINING YPE OF RELIEF REQUESTED.
	Dimensional Variance from Code requirement. State size of variance being requested. (Example: variance from the 10 foot required setback from the southerly side property line).
	Exceptional Practical Difficulty:
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	Area and Bulk Variance from Code requirement. State amount of variance being requested. (Example: variance from the required lot width, area, etc.)
	Exceptional Practical Difficulty:
	Appeal of an Administrative Decision. State date of decision and nature of appeal.
	Special Use Exception. State nature of proposed use in detail.
	Appeal of a Code Enforcement Decision. State date and decision and nature of appeal.
Office Hea	
Office Use	Fee Received/Check No.:
l ITay Man P	Parcel Number:
Present Zo	oning Classification:
	n Panel Number: Impacted by 100 Year Flood Plain:
	and-Use Applications (List):
Taxes Curi	
	g Violations/Complaints:
	ocation:
Application	n completed by: Date:

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