



City of Milton Application and Record

Application Date: _____

Date to be Reviewed by Plan Commission: _____

Applicant Name/Agent: _____

Date to be Reviewed by Common Council: _____

Owner of Property: _____

Date to be Reviewed by Zoning Board of Appeals: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

| <u>Fee Required:</u> | <u>Date Paid</u> |
|---------------------------------|------------------|
| Conditional Use Permit \$250.00 | |
| Rezoning \$250.00 | |
| Variance \$250.00 | |

Reason for Request/Appeal or Reason Permit was Refused: _____

Property Location for Project

Address: _____

Legal Description: _____

Description of Premise (Including Existing and Proposed Buildings): _____

Current Zoning: (circle one) A1 A2 B1 B2 B3 C1 C2 M1 M2 MR R1 R2 R3 R4 PUD SP

Proposed Zoning: (circle one) A1 A2 B1 B2 B3 C1 C2 M1 M2 MR R1 R2 R3 R4 PUD SP

Present Use: _____

Proposed Use: _____

Present Occupancy: _____ Proposed Occupancy: _____

Name of Proposed Subdivision: _____

Surveyor's Name: _____ Address: _____

Property Lot Size: _____ (square feet or acres)

Lot Size of Preliminary Land Division: _____ Lot Size of Final Land Division: _____

Building Setback Front: _____ Side: _____ Rear: _____

Building Setback Corner: _____ Side: _____ Rear: _____

Number of Stories: _____ Number of Rooms: _____ Height: _____

Architect: _____ General Contractor: _____

Off Street Parking: _____ Number of Stalls: _____

Estimated Cost of Work: _____

The undersigned hereby agrees that the foregoing information is true and accurate, and that if this permit or request is granted, all work will be done in accordance with this application and all the Ordinances of the City of Milton.

Applicant Signature: _____

Print Name: _____

Recommendations by Director of Public Works: _____

Filed this _____ day of _____, 20_____

Director of Public Works / Building Inspector, Howard Robinson

City Clerk, Elena Hilby

Publication Date: _____