

Milton Township
Zoning Board of Appeals

APPLICATION FOR HEARING / NOTICE OF APPEAL

PERMIT # _____

OWNER:

AGENT:

Name _____

Name _____

Street _____

Street _____

City _____

City _____

Telephone/FAX _____

Telephone/FAX _____

Mailing Address _____

I. ACTION REQUESTED:

I (we) the undersigned request a hearing for the purpose indicated below:

- _____ Dimensional Variance
_____ Ordinance or Map Interpretation
_____ Appeal of Administrative Decision

The applicant / appellant requests: _____

II. PROPERTY INFORMATION:

A. Property Tax Number 05-12-_____-_____-_____

B. List all Deed Restrictions or attach a copy _____

C. Attach a SITE PLAN, with the proposed location of the building, measurements, and all other pertinent information. (See "Example: SITE PLAN" attached)

D. Give any special directions required to locate your property: _____

E. Present use of property is: _____
