

**MILTON TOWNSHIP**  
**ZONING APPLICATION**  
**PERMIT # \_\_\_\_\_**

<b>OWNER:</b>  Name: _____ Street: _____ City: _____ Telephone/Fax: _____	<b>AGENT:</b>  Name: _____ Street: _____ City: _____ Telephone/Fax: _____
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**I. ACTION REQUESTED:**

I (we) the undersigned request a hearing before the MILTON TOWNSHIP PLANNING COMMISSION or ZONING BOARD OF APPEALS for the purpose indicated below:

- \_\_\_\_\_ Ordinance or Map Interpretation
- \_\_\_\_\_ Special Use
- \_\_\_\_\_ Variance
- \_\_\_\_\_ Nonconforming Use
- \_\_\_\_\_ Site Plan Review
- \_\_\_\_\_ Other

**II. PROPERTY INFORMATION:**

A. Property Tax Number: 05-12-\_\_\_\_ - \_\_\_\_ - \_\_\_\_

B. List all Deed Restrictions or attach a copy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Names & Addresses of all persons or firms other than yourself having a legal interest in the land:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Is this area PLATTED or UNPLATTED or WILL BE PLATTED?

If platted, name of the plat: \_\_\_\_\_

*(Please attach a copy of the plat restrictions)*

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