

MILTON TOWNSHIP
ZONING APPLICATION
PERMIT # _____

OWNER: Name: _____ Street: _____ City: _____ Telephone/Fax: _____	AGENT: Name: _____ Street: _____ City: _____ Telephone/Fax: _____
--	--

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)

Click to go to next page