

APPLICATION FOR
MILTON TOWNSHIP ZONING PERMIT

No.: _____

Date: _____

Expires: _____

PROPERTY TAX NUMBER _____

OWNER'S NAME _____ BUILDER'S _____

ADDRESS _____ ADDRESS _____

PHONE # _____ BUILDER'S LIC. # _____

BUILDER'S PHONE # _____

LEGAL DESCRIPTION OF PROPERTY - SEC _____ T _____ N, R _____ W _____

DIRECTIONS TO FIND _____

TYPE OF BUILDING _____ BEDROOMS _____ BATHROOMS _____

WIDTH _____ LENGTH _____ STORIES _____ SQ. FT. LIVING _____

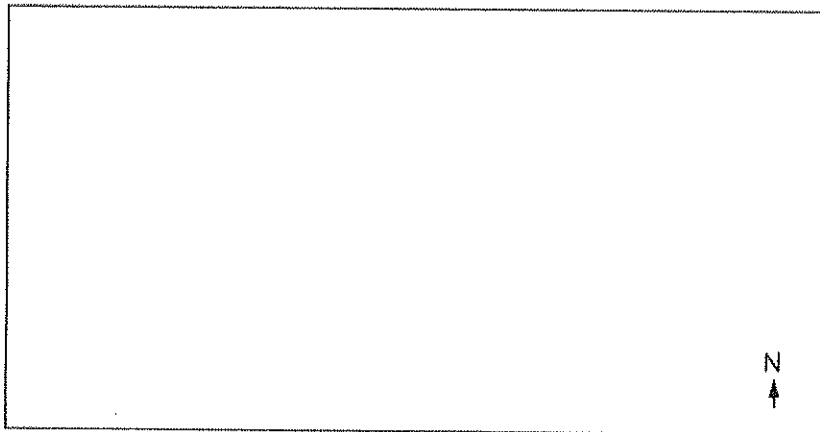
BASEMENT _____ SLAB _____ CRAWL _____ ATTACHED GARAGE SIZE _____

ALTERATIONS OR ADDITION TO EXISTING BUILDINGS, DESCRIBE: _____

AREA CURRENTLY ZONED _____ REQUIRE SET BACKS: FRONT YARD _____

EACH SIDE YARD _____

REAR YARD _____



I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we hereby certify that all provisions of the Milton Township Zoning Ordinance and other applicable laws and requirements are to be complied with.

Owner also grants permission for township officials to access the property for premise inspection and compliance of the Zoning Permit

OWNER OR AGENT _____ COMMENTS _____

ISSUED BY _____

FEE COLLECTED _____

SITE INSPECTION: _____