

MILTON TOWNSHIP

Application for Rezoning

Property Location: _____

Parcel #: _____ Name of Owner: _____

Name of Applicant : _____ Phone: _____

Address of Applicant: _____

Applicant's Interest in the Property if not the Owner: _____

Signature of Applicant: _____ Date: _____

Reason for Rezoning Request, Including A Description of the Proposed Uses for the Property:

Description of Sewage Disposal and Water Supply Facilities and Proposed Surface Drainage:

Please attach a legal description of the property and a site plan drawn to scale showing the dimensions of the property and the location of all existing improvements. A \$500 fee must accompany this application plus \$25 for mailings, checks made payable to Milton Township.

For Office Use Only

Date of Review by Zoning Administrator _____

Recommendations:

Date of Public Hearing _____ Date of Planning Commission Review _____

Recommendations:

Date of Board Action _____

Approved _____ Denied _____

Reason for Board Action: