

PROJECT #:



PLANNING AND ZONING DEPARTMENT  
(302) 422-6616  
FAX # (302) 424-5933

201 S. WALNUT STREET  
PO BOX 159  
MILFORD, DELAWARE 19963

**APPLICATION**

SITE PLAN    CONDITIONAL USE    **SUB-DIVISION**    VARIANCE    CHANGE OF ZONE  
*(circle all that apply)*

The undersigned hereby makes formal application to the City of Milford for the approval of \_\_\_\_\_  
for the property described below. Applications shall be represented at the appropriate meetings or hearing. The applicant is aware  
that no applications will be accepted if violations exist or if any service fees, including taxes, are delinquent.

OWNER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: LEGAL OWNER MUST SIGN APPLICATION!**

FEE: \_\_\_\_\_

**NON-REFUNDABLE**

APPLICANT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SITE LOCATION:    ROAD \_\_\_\_\_ N,S,E,W SIDE \_\_\_\_\_ FEET N,S,E,W OF \_\_\_\_\_  
ROAD \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_  
SITE ADDRESS: \_\_\_\_\_

ZONING:    EXISTING: \_\_\_\_\_ PROPOSED: \_\_\_\_\_ TAX MAP NUMBER: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

AREA OF PETITION: \_\_\_\_\_ AC    AREA OF ADJACENT LAND IN SAME OWNERSHIP: \_\_\_\_\_ AC

SANITARY FACILITIES:	EXISTING _____	PROPOSED _____
ELECTRIC SUPPLY:	EXISTING _____	PROPOSED _____
WATER SUPPLY:	EXISTING _____	PROPOSED _____

DWELLING UNITS:	EXISTING: _____	PROPOSED: _____
FRONT SETBACK:	REQUIRED: _____ FT	PROPOSED: _____ FT
REAR SETBACK:	REQUIRED: _____ FT	PROPOSED: _____ FT
SIDE SETBACKS:	REQUIRED: _____ FT	PROPOSED: _____ FT

WETLANDS ON SITE?    YES    NO    COMPREHENSIVE PLAN RECOMMENDATION: \_\_\_\_\_

ZONING CHAPTER 230, ARTICLE \_\_\_\_\_

VARIANCE INFORMATION (IF APPLICABLE): \_\_\_\_\_

CONTACT FOR APPLICATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DAC MTG:

P.C. MTG:

COUNCIL MTG:

B.O.A. MTG: