



MUNICIPALITY OF WEST MILTON

LAND USE APPLICATION INSTRUCTIONS

Authority: Code Section 150.307 (e) grants the Planning Board and the Board of Adjustment authority. If the Board grants a variance, it shall be effective five (5) days after the Board meeting.

Application: All requests must complete the application page. **Applications are due the first Friday of each month to be heard the following month.**

Narrative: Submit a valid reason to vary the Code requirements (see application.)

Site Plan: Draw a site plan showing the lot on an 8-1/2 x 11 sheet of paper. Include all structures/buildings, distances from all property lines to structures, (existing and proposed), differences between existing and proposed structures.

Property Owners: A list of property owners, 300 feet adjacent from your property will be contacted to attend a public meeting, if applicable.

Fees: All fees are due at the time of application submittal.

Schedule: After application has been heard by Planning Board (**1st Wednesday of every month @ 6:00 p.m.**), a Public Hearing may be scheduled if Planning Board requests one. Then a Board of Adjustment meeting shall be held to approve or deny the variance request.



LAND USE APPLICATION

CHECK ALL THAT APPLY:

<input type="checkbox"/> Variance	<input type="checkbox"/> Lot Split
<input type="checkbox"/> Zoning Change	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Non-Conforming Use	<input type="checkbox"/> Subdivision <i>(over 5 homes)</i>
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> I-2 Development Plan
<input type="checkbox"/> Other: _____	

1. Property Location/Address: _____
 Present Use: _____ Present Zoning: _____
 Proposed Use: _____ Proposed Zoning: _____
 Lot Number(s): _____

2. Applicant Name: _____ Telephone: _____(H)
 Address: _____(W)
 _____ Fax: _____

3. Brief Description of Project/Request/Proposal: _____

I certify that the information completed and submitted is accurate.

Applicant Signature

Date

***** OFFICIAL USE ONLY *****

Date Received: _____ Staff Initials: _____ Receipt # _____

Fees: Application \$ _____
 Green Space \$ _____
 Plat Prelim/Final \$ _____
 Lot Spilt \$ _____
 Commercial \$ _____
 Inspections \$ _____

Fee Totals: \$ _____ Paid

Planning Bd. Date: _____ Action: _____

Public Hearing Date: _____ Action: _____

Board of Adjustment Date: _____ Action: _____

Zoning Changes to Council Date: _____