

LAND USE APPLICATION FORM

PROJECT NAME:		
DATE SUBMITTED:	APPLICATION FEE:	APPLICATION DEPOSIT:

TYPE OF APPLICATION:		
<input type="checkbox"/> ANNEXATION	<input type="checkbox"/> SITE PLAN REVIEW	<input type="checkbox"/> VARIANCE
<input type="checkbox"/> SKETCH PLAN	<input type="checkbox"/> USE BY SPECIAL REVIEW – MAJOR	<input type="checkbox"/> WAIVER
<input type="checkbox"/> PRELIMINARY PLAT	<input type="checkbox"/> USE BY SPECIAL REVIEW – MINOR	<input type="checkbox"/> AMEND TO REC. PLAT
<input type="checkbox"/> FINAL PLAT	<input type="checkbox"/> USE BY SPECAIL REVIEW – GRAVEL	<input type="checkbox"/> FLOOD PLAIN DEV. PERMIT
<input type="checkbox"/> PLANNED UNIT DEVELOPMENT	<input type="checkbox"/> USE BY SPECAIL REVIEW – OIL & GAS	<input type="checkbox"/> COMP PLAN AMENDMENT
<input type="checkbox"/> MAJOR SUBDIVISION	<input type="checkbox"/> CHANGE OF ZONE	<input type="checkbox"/> HOME OCCUPATION
<input type="checkbox"/> MINOR SUBDIVISION/RE-SUBDIVISION	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> RURAL SUBDIVISION		

PRE-APPLICATION CONFERENCE WAS HELD WITH:	Date:
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PROJECT INFORMATION

Applicant's Name:	Project Location:
Address:	Existing Use:
	Proposed Use:
Phone/Fax:	Existing Zoning:
Relation to Property Owner:	Proposed Zoning:

Is site within Flood Plain? FEMA TOWN NO

Is site within Milliken's Planning Area? YES NO

Legal Description of Property (location within section, section, township and range): See attached

Total Acreage of Property under Consideration:

Number of Existing Residential Lots:	Number of Proposed Residential Lots:
Number of Existing Commercial Lots:	Number of Proposed Commercial Lots:
Number of Existing Industrial Lots:	Number of Proposed Industrial Lots:

ADDITIONAL CONTACTS	Consultant:
Property Owner:	Address:
Address:	City/State/Zip:
City/State/Zip:	Phone/Fax:
Phone/Fax:	Consultant:
Property Owner:	Address:
Address:	City/State/Zip:
City/State/Zip:	Phone/Fax:
Phone/Fax:	

LAND USE APPLICATION FORM (CONTINUED)

COMPREHENSIVE PLAN MAP DESIGNATIONS: Business/Industrial/Greenways	
LAND USE & PUBLIC FACILITIES Land Use Designations: Public Facilities:	IMAGE AND DESIGN Gateway: <input type="checkbox"/> YES <input type="checkbox"/> NO Important Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO
TRANSPORTATION Street Connections:	UTILITY AND SPECIAL DISTRICTS Water: Sewer: Fire Protection: Other:
PARKS, OPEN SPACE AND RECREATION Proposed park and/or trail:	ENVIRONMENTAL ISSUES Property in floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO Sensitive wildlife habitat area: <input type="checkbox"/> YES <input type="checkbox"/> NO Soil Type:
OIL AND GAS Oil and/or gas wells: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATION I certify that I am the lawful owner of the parcel(s) of land which this application concerns and consent to this action. Owner: _____ Date: _____ I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing this application I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Milliken must be submitted prior to having this application processed. Applicant: _____ Date: _____	
STAFF USE ONLY APPLICATION ACCEPTED: Date: _____ By: _____ Fee: _____	