	Town of Milton			Permit #: Application Date:			
	RESIDENTIAL				Issue Date:		
MILTON	Development Charge Payments						
	Building Permit Applicant Name: Phone #: Address:			Owner of Proposed Building			
Phone #:							
		dentification					
Assessment Roll #:]		
Legal Description: Municipal Address:			Plan/Block		Conc.		
Town Water System:	yes	no			24T #:		
Number of Bedrooms:		(only applicable fo	or MULTIPLE a	and APARTME	ENT units)		
Nature of Building Permit Application							
	Applicat	ion for NEW DWE	LLING UNIT				T.F.A.
in an Existing Single Family Dwelling Unit:				if YES,		Existing: Proposed:	
in an Existing Multi-unit Dwelling Building:				if YES, Smallest Existing Unit: Proposed:			
to replace an Existing Demolished Building: (Demo Permit #)				if YES, Non-residential Demolition: Residential Demolition: Type: Proposed:			
Certified by Applicant's Architect/Contractor/Owner:							
				Please Print Name Date			
Reviewed by:							
TO BE COMPLETED BY TOWN STAFF							
			Other				
		Type of Dwelling Single/Semi Multiple 3+ bdrm		Town	Region	Education	Total
		Multiple <3 bdrm Apt. 2+ bdrm					
		Apt. <2 bdrm					
Exemptions/Credits:	Demo	Special Care					
	Other						
		TOTAL					
Prepared By:			Approve	d by Finance:			
			-	Date:			
240.			-	24.0.		r	
					Net Amo	unt PAYABLE:	