

CITY OF MILTON
Application for Change of Use Approval

Name of Applicant: _____ Phone # _____

Name of Applicant if other than Owner: _____

Mailing Address of Applicant: _____

Physical location of proposed business: _____

Parcel # _____ Zoning District: _____

Describe proposed use of property: _____

Describe existing use of property: _____

Driving Directions to proposed new business: _____

Other conditions or comments: _____

Verification of allowable use within the zoning district provide by:

Name Title Date

Santa Rosa County Use Only		
Date Submitted to Santa Rosa County: _____	Fee\$ _____	Receipt# _____
Approved Denied (If denied, please attach statement that lists codes for basis of denial)		
Date returned to the City of Milton's Planning & Development Department: _____		
Comments: _____ _____		
City Use Only		
Date of inspection performed by City of Milton's Life Safety Officer: _____		
Approved Denied	Date: _____	
Comments: _____ _____		