



## MILLS ACT APPLICATION FORM

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**DEPARTMENT USE ONLY**

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MILLS ACT APPLICATION YEAR: \_\_\_\_\_

CDD FEE COLLECTED: \$ No Fee

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**APPLICANT TO COMPLETE**

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APPLICANT NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT EMAIL \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PROPERTY OWNER NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY OWNER EMAIL \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ ASSESSOR'S PARCEL NO. \_\_\_\_\_

ZONING \_\_\_\_\_ GENERAL PLAN DESIGNATION \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_