



Office Use Only
Application No. _____

APPLICATION – ADMINISTRATIVE REVIEW REQUEST

Town of Cheswold Planning and Zoning P.O. Box 220; 691 Main Street, Cheswold, DE 19936
Phone: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
Website: <http://chewold.delaware.gov>

REVIEW TYPE

- | | |
|--|--|
| <input type="checkbox"/> Single Family Development Plan | <input type="checkbox"/> Single Lot Plan |
| <input type="checkbox"/> Combining Lots Plan | <input type="checkbox"/> Redesigning Lots Plan |
| <input type="checkbox"/> Commercial Industrial Plan (up to 10,000 sq. ft.) | <input type="checkbox"/> Commercial Industrial Plan (10,000 to 50,000 sq. ft.) |
| <input type="checkbox"/> Commercial Industrial Plan (greater than 50,000 sq. ft.) | <input type="checkbox"/> Subdivision (less than 50 parcels) |
| <input type="checkbox"/> Subdivision 50 to 150 parcels | <input type="checkbox"/> Subdivision (greater than 151 parcels) |
| <input type="checkbox"/> Other Residential Development Plan (please explain) | <input type="checkbox"/> Permit Type: _____ #: _____ |
| <input type="checkbox"/> Associated Application #: _____
<i>(Associated with Plan Applications)</i> | <input type="checkbox"/> Business License Type: _____ #: _____ |

ALLEGED ADMINISTRATIVE ERROR

- Interpretation Order Requirement Decision Determination

Identify the provisions of the Town of Cheswold Land Use Ordinance with which your application complies:

Article #: _____ Article Title: _____ Section #: _____ Sub-Section #: _____

How does your application comply with the section/s of the provision that you identified above?

APPLICANT INFORMATION

_____ (LAST NAME)	_____ (FIRST NAME)	_____ (HOME PHONE)	_____ (CELL PHONE)
_____ (MAILING ADDRESS)	_____ (CITY)	_____ (STATE)	_____ (ZIP)
_____ (EMAIL ADDRESS)	_____ (WORK PHONE)		

PROJECT SITE/PROPERTY & OWNER INFORMATION

_____ (LAST NAME)	_____ (FIRST NAME)	_____ (HOME PHONE)	_____ (CELL PHONE)
_____ (MAILING ADDRESS)	_____ (CITY)	_____ (STATE)	_____ (ZIP)
_____ (EMAIL ADDRESS)	_____ (WORK PHONE)		

_____ (E911 or AVENUE/STREET ADDRESS) _____ (MAP ID)

- OLD TOWN FOX POINTE MAIN ST. LEYLAND PK. STRIMMEL'S PARKERS RUN STONINGTON BUSINESS PARK
(SECTION of TOWN – Check One)

_____ (PIDN)	_____ (LOT #)	_____ (ACRES)	<input type="checkbox"/> WELL	<input type="checkbox"/> TIDEWATER
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BOARD of ADJUSTMENT REVIEW/DECISION

Date Received by Land Use Administrator: _____ Date Forwarded to Board of Adjustment: _____

Date Public Hearing Scheduled: _____ Date Public Notice Posted: _____

Date of Newspaper Posting: _____ Date of Property Posting: _____

PUBLIC HEARING: Date: _____ Location: _____ Time: _____

Decision:

Conditions to Approval: YES NO If YES, specify conditions below:
