



Office Use Only

Application No. \_\_\_\_\_

## APPLICATION – CERTIFICATE of ZONING COMPLIANCE

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](mailto:cheswoldoffice@comcast.net)  
 Website: <http://cheswold.delaware.gov>

### 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)  R1  R2  R3  R4  C1  C2  I1  I2  
 (ZONING DISTRICT/CODE – Check One)

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

\_\_\_\_\_  
 (PIDN) (LOT #) (ACRES)  WELL  TIDEWATER

### CURRENT/PROPOSED LAND USE *(Check all that apply)*

CURRENT	PROPOSED
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Institutional	<input type="checkbox"/> Institutional
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Office	<input type="checkbox"/> Office
<input type="checkbox"/> Public Services	<input type="checkbox"/> Public Services
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
<input type="checkbox"/> Sales	<input type="checkbox"/> Sales
<input type="checkbox"/> Storage	<input type="checkbox"/> Storage
<input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other <i>(Explain Below)</i>	<input type="checkbox"/> Other <i>(Explain Below)</i>

### PROPOSED USE INFORMATION

Please provide a summary of the proposed USE for the change/s; improvement/s; construction, (ex: "This will be my residence."; or The building will be used for offices; or storage, etc.), in the space provided below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### PROPOSED CHANGES/CONSTRUCTION/IMPROVEMENTS/MODIFICATIONS

Change/Constr./Improvement/Mod. Description	Dimensions	Square Ft.	Height (ft.)	Total Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Grand Total</b>				<b>\$</b>

**USE CHANGE ONLY - No Construction/Improvements or Modifications Involved**

### APPLICANT/OWNER CERTIFICATION

I certify that the information and exhibits submitted are true and correct to the best of my knowledge. Pursuant to said authority, I hereby permit Town of Cheswold Officials to enter upon my property for the purpose of inspection, and, if necessary, for posting a public notice on the property.

\_\_\_\_\_  
(APPLICANT SIGNATURE) (DATE)

\_\_\_\_\_  
(OWNER SIGNATURE - *REQUIRED if not the Applicant*) (DATE)

### BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

- INSPECTION APPROVED AS SUBMITTED     INSPECTION APPROVED PENDING CORRECTIONS - *See Below*
- INSPECTION DENIED** - *See Below for Reasons*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE) (DATE)

\_\_\_\_\_  
(DATE RE-INSPECTED) (DATE APPROVED) (BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE)

<i>For Office Use Only</i>		
Application No. _____	Certificate No. _____	Date Issued: _____
Check Received: _____	Check No. _____	Check/Cash Amount: _____
Amount Reimbursed: _____	Check No. _____	Date Issued: _____
Approved by: _____ Land Use Administrator Date Approved: _____		



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Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

### **SITE PLAN**

Scale: \_\_\_\_\_" = \_\_\_\_\_ ft.

