



Office Use Only

Application No. _____

Associate w/ Appl. No. _____

APPLICATION – CONDITIONAL USE 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://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>

REASON for CONDITIONAL USE REQUEST

Please provide a detailed reason for your Conditional Use Request



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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)

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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: _____

BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

REVIEW QUESTIONS	YES	NO
1. Is the request in harmony with the purposes and intent of the Comprehensive Plan	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the request be in harmony with the general character of its neighborhood considering density, design, bulk, and scale of proposed new structures?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the request be detrimental to the use, peaceful enjoyment, economic value, or development of surrounding properties?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the request cause objectionable noise, vibrations, fumes, odors, dust, glare or physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the request have a detrimental effect on vehicular or pedestrian traffic?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the request adversely affect the health, safety, security, or general welfare of residents, visitors, or workers in the area?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the request be in conjunction with existing, proposed, and potential development, and not overburden existing public services and facilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the request comply with all other applicable standards, laws, and regulations in addition to the provisions of the Town of Cheswold Land Use Ordinance?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the request meet all other Additional Requirements for Certain Conditional Uses	<input type="checkbox"/>	<input type="checkbox"/>



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BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

RECOMMENDED for APPROVAL: DENIAL RECOMMENDED:

RECOMMENDATION REASON/S:

PLANNING COMMISSION REVIEW

Approved as Submitted: _____ Date Approved: _____

Land Use Administrator

PLANNING COMMISSION RESPONSE

RECOMMENDED: DATE: _____

NOT APPROVED: DATE: _____

CERTIFIED as RECOMMENDED: _____

Planning Commissioner Chairperson

APPROVAL/DENIAL REASON/S:

TOWN COUNCIL REVIEW

PUBLIC HEARING DATE: _____ TOWN COUNCIL MEETING DATE: _____

TOWN COUNCIL RESPONSE

RECOMMENDED: DATE: _____

NOT APPROVED: DATE: _____

CERTIFIED as APPROVED/DENIED: _____

Mayor



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TOWN COUNCIL REVIEW

APPROVAL/DENIAL REASON/S:

FINAL DISPOSITION

APPROVAL LETTER SENT: _____ DENIAL LETTER SENT: _____

Notes to Office Staff:

1. Denial letters must be forwarded to the applicant/property owner via registered certified mail.
2. Attach signed receipt to original application.
3. Applicant has _____ days to file an appeal to Board of Adjustments.
4. Appeals must be submitted on Form # _____.

APPEAL SUBMITTED

Date Registered/Certified Appeal Received: _____

Appeal Application #: _____

Received: _____