



Office Use Only
Application No. _____

APPLICATION – FINAL PLAN

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>

APPLICATION DEVELOPMENT TYPE

- | | |
|---|--|
| <input type="checkbox"/> Single Family Development Plan | <input type="checkbox"/> Single Lot 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 (See Prelim Plan) | <input type="checkbox"/> Other Commercial Development Plan (See Prelim Plan) |

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)	
<input type="checkbox"/> OLD TOWN <input type="checkbox"/> FOX POINTE <input type="checkbox"/> MAIN ST. <input type="checkbox"/> LEYLAND PK. <input type="checkbox"/> STRIMMEL'S <input type="checkbox"/> PARKERS RUN <input type="checkbox"/> STONINGTON <input type="checkbox"/> BUSINESS PARK			
(SECTION of TOWN – Check One)			
(PIDN)	(LOT #)	(ACRES)	<input type="checkbox"/> WELL <input type="checkbox"/> TIDEWATER

APPROVED LAND USE (Check all that apply)

APPROVED
<input type="checkbox"/> Agricultural
<input type="checkbox"/> Institutional
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Office
<input type="checkbox"/> Public Services
<input type="checkbox"/> Residential
<input type="checkbox"/> Sales
<input type="checkbox"/> Storage
<input type="checkbox"/> Transportation



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APPROVED ZONING CODE

R1 R2 R3 R4 C1 C2 I1 I2

R1 = Residential – Old Town Only
 R2 = Residential – Single/2 Family
 R3 = Residential – Multi-family/Townhouse
 R4 = Manufactured/Trailer Park

C1 = Commercial Neighborhood
 C2 = Commercial Highway
 I1 = Light Industrial
 I2 = Heavy Industrial

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Application No. _____	Certificate No. _____	Date Issued: _____
Check Received: _____	Check No. _____	Check/Cash Amount: _____
Amount Reimbursed: _____	Check No. _____	Date Issued: _____

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. And I am requesting approval of the specified development plan/s submitted as part of this application.

(APPLICANT SIGNATURE)	(APPLICANT NAME – PRINT)	(DATE)
(OWNER SIGNATURE – <i>REQUIRED if not the Applicant</i>)	((OWNER NAME - PRINT)	(DATE)

LAND USE ADMINISTRATOR REVIEW

Date Preliminary Plan Approved: _____ Conditional Use Approval Required: YES NO

If YES – Date Conditional Use Approved: _____ Final Plan Consistent w/Preliminary Plan: YES NO

If NO – what are the inconsistencies:



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LAND USE ADMINISTRATOR REVIEW

Additional Reviews and Comments:

AGENCY	YES	NO	N/A	REMARKS
Town Engineer				
DeIDOT				
DNREC				
Fire Marshall				
Historical/Cultural Society				
Kent County School Board				
Kent County Conservation				
Tidewater				
Delmarva				
Chesapeake Gas				
Office of State Planning Coordination				

PLANNING COMMISSION REVIEW

Date Report Received from Land Use Administrator: _____

Does the Final Plan meet the following Objectives:

	YES	NO	N/A
1. Maximum safety and convenience of vehicular and pedestrian traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provision of adequate access to all sites for fire and police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provision of adequate off-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Site layouts minimizing adverse effect upon adjacent properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Landscaping of the site in a manner in keeping with the generally prevailing character of the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. An adequate drainage system and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Final Plan forwarded to Town Council for Approval: _____

TOWN COUNCIL REVIEW/APPROVAL

Date Report Received from Planning Commission: _____

Does the Final Plan meet the following Objectives:

	YES	NO	N/A
1. Maximum safety and convenience of vehicular and pedestrian traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provision of adequate access to all sites for fire and police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provision of adequate off-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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