



Office Use Only

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

## APPLICATION – RE-ZONING

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://chewold.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 ADDRESSES) (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 CURRENT/ PROPOSED ZONING CODE

CURRENT	PROPOSED	CURRENT	PROPOSED
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Agricultural	<input type="checkbox"/> R1	<input type="checkbox"/> R1
<input type="checkbox"/> Institutional	<input type="checkbox"/> Institutional	<input type="checkbox"/> R2	<input type="checkbox"/> R2
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> R3	<input type="checkbox"/> R3
<input type="checkbox"/> Office	<input type="checkbox"/> Office	<input type="checkbox"/> R4	<input type="checkbox"/> R4
<input type="checkbox"/> Public Services	<input type="checkbox"/> Public Services	<input type="checkbox"/> C1	<input type="checkbox"/> C1
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> C2	<input type="checkbox"/> C2
<input type="checkbox"/> Sales	<input type="checkbox"/> Sales	<input type="checkbox"/> I1	<input type="checkbox"/> I1
<input type="checkbox"/> Storage	<input type="checkbox"/> Storage	<input type="checkbox"/> I2	<input type="checkbox"/> I2
<input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation	<input type="checkbox"/> M1	<input type="checkbox"/> M1
<input type="checkbox"/> Other <i>(Explain Below)</i>	<input type="checkbox"/> Other <i>(Explain Below)</i>		

### RE-ZONING INFORMATION

Please provide an explanation of why you are requesting Re-zoning of your property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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)

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

### LAND USE ADMINISTRATOR REVIEW

Applicant Information Complete:  YES  NO      Project Site Information Complete:  YES  NO

Date forwarded to Building Inspector/Code Enforcement: \_\_\_\_\_

### BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

Date Property Inspected: \_\_\_\_\_ Land Use in Compliance with Ordinance:  YES  NO

If NO – WHY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Re-Zoning result in Compliance:  YES  NO

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

