



*Office Use Only*

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

## APPLICATION – SIGN PLACEMENT

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)

### SIGN MEASUREMENT and PLACEMENT GUIDE

| Location/Subject of Sign                        | Sign Types Allowed | Maximum Area (SF) | Permit Required? |
|-------------------------------------------------|--------------------|-------------------|------------------|
| Home-based Business                             | Free-standing      | 16                | YES              |
| Home-based Business                             | Wall               | 16                | YES              |
| Business/Commercial Use in Non-Residential Zone | Free-standing      | 32                | YES              |
| Business/Commercial Use in Non-Residential Zone | Wall               | 32                | YES              |
| Sub-division Entrance                           | Free-standing      | 32                | YES              |
| Real Estate - Temporary                         | Free-standing      | 16                | NO               |
| Conditional Use in a Residential Zone           | Free-standing      | 16                | YES              |
| Conditional Use in a Residential Zone           | Wall               | 16                | YES              |

### APPLICANT QUESTIONS

- |                                                                                                                                                                                                                        | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are there multiple property owners? <i>(If yes, please attach names and addresses)</i>                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all application documents attached?<br><i>(Permit application; plot plan; materials list; sign price; homeowners approvals; contractor's name; address; contact# and if required; any drawings or sketches)</i> | <input type="checkbox"/> | <input type="checkbox"/> |



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### SITE PLAN

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





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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: \_\_\_\_\_

### FOR TOWN USE ONLY

1. What are proposed sign **SETBACKS**\*?: Front: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_ Back: \_\_\_\_\_  
\* **NO SIGN SHALL BE PLACED WITHIN THE SIGHT TRIANGLE** (See Article 13– Table 13.2) (See Article 8 – Section C)

|                          |                          |
|--------------------------|--------------------------|
| <b>YES</b>               | <b>NO</b>                |
| <input type="checkbox"/> | <input type="checkbox"/> |

  - A. Is sign **Free-standing**?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes: Front setback = 10' from right of way  
If Yes: Side setback = Same as principal use of property
  - B. Is sign **Wall mounted**?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes: Sign shall be placed on a wall facing a public street or right-of-way, having the same setbacks s principal use of property
2. What is proposed sign **SIZE**?: Height: \_\_\_\_\_ Width: \_\_\_\_\_
3. Is sign **Free-standing**? If Yes, then height maximum = 5'

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|
4. Is sign **Wall mounted**? If Yes, then sign must be placed below the eave.  
On flat roofed structures, no sign shall be placed higher than the roof of the structure, or the maximum permitted building height in the zone, whichever is more restrictive.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|
5. **COLOR** – can the color combinations be confused with a traffic sign or signal?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Date: \_\_\_\_\_ Initials of Police Chief: \_\_\_\_\_



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6. **GLARE:** Will sign be illuminated by an enclosed lamp design?

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7. Will sign be illuminated by indirect lighting from a shielded source that prevents glare from beyond the property line? **Note:** Signs must be illuminated using an enclosed lamp design or indirect lighting from a shielded source in a manner that prevents glare from beyond the property line. YES  NO

8. **TRAFFIC SAFETY** - will sign be illuminated with a pattern or lightning combination that resembles a traffic signal?

Date: \_\_\_\_\_ Initials of Police Chief: \_\_\_\_\_

9. **FLASHING** – will sign contain or be illuminated by flashing revolving, or intermittent lights, or Lights that change intensity.

10. **RESIDENTIAL LOCATION** – will lighted sign only be illuminated during business hours? **Note:** Any sign on a lot or parcel within 150' of residentially used properties must be illuminated only during the hours the entity is open for public business. YES  NO  N/A

11. **STRUCTURAL LIMITATIONS** - will sign be shaped like a traffic sign or signal, or use wording similar to traffic signal or interfere with traffic safety?

Date: \_\_\_\_\_ Initials of Highest Ranking Town Police Official \_\_\_\_\_

12. Will sign be shaped to resemble any human or animal form?

13. Will sign be set in motion or powered by the wind?

14. Will sign have any moving parts?

**BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION**

INSPECTION APPROVED AS SUBMITTED

INSPECTION APPROVED PENDING CORRECTIONS – See Below

**INSPECTION DENIED** – See Below for Reasons

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

\_\_\_\_\_  
(DATE)

