



*Office Use Only*  
Application No. \_\_\_\_\_

## APPLICATION – VARIANCE 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](mailto: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"/> Combining Lots Plan                                      | <input type="checkbox"/> Redesigning Lots 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 (please explain)      |  |

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

- Other Commercial Development Plan (please explain)

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

### 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)

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

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



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### 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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### ZONING CODE INFORMATION

<b>CURRENT</b> <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> I1 <input type="checkbox"/> I2	<b>REQUESTED</b> <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> I1 <input type="checkbox"/> 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)	(DATE)
(OWNER SIGNATURE – <b>REQUIRED if not the Applicant</b> )	(DATE)





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### BURDEN of PROOF on APPLICANT

*An applicant submitting an application for a Variance Request shall have the burden of presenting the information required and requested by the Board of Adjustment to make a determination.*

### LAND USE ADMINISTRATOR REMARKS

Date Received by Land Use Administrator: \_\_\_\_\_ Date Forwarded to Board of Adjustment: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BOARD of ADJUSTMENT REVIEW/DECISION

Date Meeting Scheduled: \_\_\_\_\_ Date Meeting Notice Posted: \_\_\_\_\_

PUBLIC HEARING: Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

**Decision:**

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

Conditions to Approval:     YES     NO    If YES, specify conditions below:

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