

Office Use Only

Application No.__

APPLICATION – ADMINISTRATIVE REVIEW 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://chewold.delaware.gov

	RE	VIEW TYPE				
Single Family De	velopment Plan	Single Lot Plan				
Combining Lots	Plan	Redesigning Lots Plan				
Commercial Indu	ustrial Plan (up to 10,000 sq. ft.)	Commercial Industrial Plan (10,	000 to 50,000 sq. ft.)			
Commercial Indu	ıstrial Plan (greater than 50,000 sq. ft.)	Subdivision (less than 50 parcels)				
Subdivision 50 to	150 parcels)	Subdivision (greater than 151 parce	els)			
Other Residentia	al Development Plan (please explain)	Permit Type:	#:			
••	cation #:	Business License Type:	#:			
ALLEGED ADMINISTRATIVE ERROR						
Interpretatio	on Order Require	ement Decision	Determination			
Identify the provisions of the Town of Cheswold Land Use Ordinance with which your application complies:						
Article #:	Article Title:	Section #:	Sub-Section #:			
How does your application comply with the section/s of the provision that you identified above?						
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APPLICANT INFORMATION						
(LAST NAME)	(FIRST NAME)	(HOME PHONE)	(CELL PHONE)			
(MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)			
(EMAIL ADDRESS)	· · ·		(WORK PHONE)			
PROJECT SITE/PROPERTY & OWNER INFORMATION						
r ROJECT STTE/ FROFERTT & OWNER INFORMATION						
(LAST NAME)	(FIRST NAME)	(HOME PHONE)	(CELL PHONE)			
(MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)			
(EMAIL ADDRESS)			(WORK PHONE)			
-	(E911 or AVENUE/STREET A	DDRESS) (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)				



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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.

(DATE)

(DATE)

(APPLICANT SIGNATURE)

(OWNER SIGNATURE - REQUIRED if not the Applicant)

ADDITIONAL APPLICANT ADMINISTRATIVE REVIEW REQUEST STATEMENT

Please provide any additional information that you deem necessary to obtaining the relief being sought:

Are there sketches or drawings to support your request?: YES INO If YES, they must be attached to application.

BURDEN of PROOF on APPLICANT

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



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BOARD of ADJUSTMENT REVIEW/DECISION						
Date Received by Land Use Administrator:			Date Forwarded to Board of Adjustment:			
Date Public Hearing Scheduled:			Date Public Notice Posted:	Date Public Notice Posted:		
Date of Newspaper Posting:			Date of Property Posting:			
PUBLIC HEARING: Date:		_ Location:		Time:		
Decision:						
Conditions to Approval:	YES	🗌 NO	If YES, specify conditions below:			