

Office Use Only		
Application No		

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

APPLICANT INFORMATION

(LAST NAME)	(FIRST NAME)		(HOME PHONE)	(CELL PH	HONE)	
(MAILING ADDRESS)	(CITY)		(STATE)	((ZIP)	
(EMAIL ADDRESS)				(WORK	PHONE)	
PROJE	ECT SITE/PROPERT	ΓY & OWNER I	NFORMATION			
(LAST NAME)	(FIRST NAME)		(HOME PHONE)	(CELL PH	(CELL PHONE)	
(MAILING ADDRESS)	(CITY)		(STATE)	((ZIP)	
(EMAIL ADDRESS)				(WORK	(WORK PHONE)	
(E911 or AVENUE/STREET ADDRESS) (MAP ID) (ZONING DISTRICT/CODE – Check One) OLD TOWN FOX POINTE MAIN ST. LEYLAND PK. STRIMMEL'S PARKERS RUN STONINGTON BUSINESS PARKETS PAR				– Check One)		
(PIC	DN)	(LOT #)	(ACRES)			
	HEIGHT LIMI	TATIONS GUI	DE			
		Height @	Height @	Height @	Height @	
<u>Placement Type</u>	<u>Setback</u>	Front Property Line	<u>Side</u> <u>Property Line</u>	Corner Side Property Line	Rear Property Line	
Fence (until front façade of building)	10'	3'	6.5'	6.5'	6.5'	
Wall	10'	3′	6.5′	6.5'	6.5′	
Hedges*	N/A	N/A	N/A	N/A	N/A	
Applicant should review Town of Chesw	N/A *(if well maintained and woold Land Use Ordinanonsure adherence to "Si	ce, Article 8 – Dir	nensional and De	N/A nsity Standards,	N/A (Section 8-2C to	
	APPLICAN	T QUESTIONS				
 Are there multiple property own Are all application documents att homeowners approvals; contractor's nan 	tached? (Perrmit application	on; plot plan; materia	ls list;	YES NO		



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Scale:**=ft.	Ŋ



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	APPLICANT REQUESTED	PLACEM	IENT TYPE	
1.	What is requested placement type?: Fence	Vall	Hedge	Shrubbery
2.	What is requested placement type height?: At Front Property Line:		At Left Side Pro	operty Line:
	At Right Side Property Line:		At Corner Side	Property Line:
	APPLICANT/OWNER	CERTIFI		
authori	that the information and exhibits submitted are true a ity, I hereby permit Town of Cheswold Officials to enteary, for posting a public notice on the property.			-
(APPLIC	ANT SIGNATURE)	(DATE)		
(OWNER	R SIGNATURE - REQUIRED if not the Applicant)	(DATE)		_
	For Office U	se Only		
Appli	cation No Certificate No	_		Date Issued:
				Check/Cash Amount:
Amou	nt Reimbursed: Check No			Date Issued:
Approved by: Land Use Administrator Date Approved:				Date Approved:
	BUILDING INSPECTOR/CODE ENFORC	EMENT (FFICER CERT	IFICATION
3.	What is approved placement type height?: At Front Property Line:		At Left Side Pr	operty Line:
	At Right Side Property Line:			e Property Line:
4.	Is property a corner property?		(if applica	able)
5.	If YES, will placement type encroach on "Sight Triangle"?	YES	NO	
6.	If YES, what is required remedy?			
7.	If YES to Question 5, what is the completion date of the requ	uired rem	edv?	



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BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION				
INSPECTION APPROVED	AS SUBMITTED	☐ INSPECTION APPROVED	PENDING CORRECTIONS - See Below	
INSPECTION DENIED - See Below for Reasons				
(BUILDING INSPEC	CTOR/CODE ENFORCEME	ENT OFFICER SIGNATURE)	(DATE)	
(DATE RE-INSPECTED)	(DATE APPROVED)	(BUILDING INSPECTOR/C	CODE ENFORCEMENT OFFICER SIGNATURE)	
	LAND	USE ADMINISTRATOR DECIS	ION	
If NO: why has the applican Cite Land Use Ordinance req		Section # Paragraph	# Various-See Below:	
SIGNED:			DATE:	
DATE APPLICANT NOTIFIED:	NOTIFIE	D BY: REGISTERED/CERTIFIED N	AAIL IN-PERSON	

Note: Land Use Administrator or designee should document a written response to the applicant containing the decision and deliver it to the applicant. If delivered in-person, the applicant must sign for receipt of document.