



Office Use Only
Application No. _____

APPLICATION – LOT LINE ADJUSTMENT/CHANGE

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://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)

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

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>

ADJUSTMENT/CHANGE TYPE

SUB-DIVIDING LOTS COMBINING LOTS

Please provide a summary of the proposed adjustment and/or change to the current lot/s configuration and reason for change



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ZONING CODE INFORMATION

CURRENT	REQUESTED
<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	<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

For Office Use Only

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)	(APPLICANT NAME – PRINT)	(DATE)
(OWNER SIGNATURE – <i>REQUIRED if not the Applicant</i>)	((OWNER NAME - PRINT)	(DATE)

LAND USE ADMINISTRATOR REVIEW

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

If Information is Incomplete – What is required?

Date Returned to Applicant for Corrections: _____ Date Corrections Received: _____

Date forwarded to Building Inspector/Code Enforcement: _____



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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 INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE)

(DATE)

(DATE RE-INSPECTED)

(DATE APPROVED)

(BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE)

LAND USE ADMINISTRATOR REVIEW

Application in compliance with Comprehensive Plan: YES NO

Application in compliance with Land Use Ordinance: YES NO

Remarks:

Application status report submitted to Planning Commission for Review: _____

PLANNING COMMISSION REVIEW

Report from Land Use Administrator Complete: YES NO

If NO – what is required?:

Date Complete Report Received: _____



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Conditional Use Required?: YES NO

If NO – Date Preliminary Plan approved: _____ Date*: Applicant Notified of Approval: _____

If YES – Date Forwarded to Town Council for Public Hearing and Conditional Use and Preliminary Plan: _____

TOWN COUNCIL REVIEW (*Only required if Conditional Use Approval is necessary*)

Date Received from Planning Commission: _____ Public Hearing Date: _____

Public Hearing Held at: _____ Time: _____

Date of Town Council Decision: _____

Conditional Use Approved: YES NO Date Applicant Notified: _____

Preliminary Plan Approved: YES NO Date Applicant Notified: _____

If Conditional Use and/or the Preliminary Plan is not approved by the Town Council, please indicate reasons below and include them in certified notification to applicant:
