



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: 302-734-6691 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
Website: <http://cheswold.delaware.gov>

REVIEW TYPE

Single Family Development Plan Combining Lots Plan Commercial Industrial Plan <i>(up to 10,000 sq. ft.)</i> Commercial Industrial Plan <i>(greater than 50,000 sq. ft.)</i> Subdivision <i>(50 to 150 parcels)</i> Other Residential Development Plan <i>(please explain)</i> Associated Application # _____	Single Lot Plan Redesigning Lots Plan Commercial Industrial Plan <i>(10,000 to 50,000 sq. ft.)</i> Subdivision <i>(less than 50 parcels)</i> Subdivision <i>(greater than 151 parcels)</i> Permit Type: _____ #: _____ Business License Type: _____
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ALLEGED ADMINISTRATIVE REVIEW ERROR

Interpretation	Order	Requirement	Decision	Determination
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Identify the provisions of the Town of Cheswold Land Use Ordinance with which your application complies:

Articles #: _____ **Article Title:** _____ **Section #:** _____ **Sub-Section #:** _____

How does your application comply with the section/s of the provision that you identified above?

APPLICANT INFORMATION

_____ (LAST NAME)	_____ (FIRST NAME)	_____ (HOME PHONE)	_____ (CELL PHONE)
_____ (MAILING ADDRESS)		_____ (CITY)	_____ (STATE)
_____ (EMAIL ADDRESS)			_____ (WORK PHONE)



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PROJECT SITE/PROPERTY & OWNER INFORMATION

<hr/> <small>(LAST NAME)</small>	<hr/> <small>(FIRST NAME)</small>	<hr/> <small>(HOME PHONE)</small>	<hr/> <small>(CELL PHONE)</small>
<hr/> <small>(MAILING ADDRESS)</small>		<hr/> <small>(CITY)</small>	<hr/> <small>(STATE)</small>
<hr/> <small>(EMAIL ADDRESS)</small>			<hr/> <small>(WORK PHONE)</small>
<hr/> <small>(E911 or AVENUE/STREET ADDRESS)</small>		<hr/> <small>(MAP ID)</small>	
<hr/> <small>(PIDN)</small>	<hr/> <small>(LOT #)</small>	<hr/> <small>(ACRES)</small>	
		WELL	CHESAPEAKE GAS
		ARTISAN	DELMARVA POWER
		TIDEWATER	DELAWARE ELEC. CO-OP
			KENT COUNTY SEWER
			SEPTIC

TOWN SECTION *(Please Check One)*

- | | | |
|----------------|------------------|----------------|
| OLD TOWN | NOBLES POND | EVAN'S FARM |
| FOX POINTE | McGINNIS GREEN | BUSINESS PARK |
| MAIN ST. | SCHOOL LANE | STONINGTON |
| BLANTON PK. | RTE. 13 CORRIDOR | _____ |
| STRIMMEL'S PK. | DELDOT | <i>(Other)</i> |
| PARKERS RUN | CHESWOLD VILLAGE | |

ZONING CODE INFORMATION

CURRENT	REQUESTED
R1 R2 R3 R4 R5 C1 C2 I1 I2 M1	R1 R2 R3 R4 R5 C1 C2 I1 I2 M1

R1 = Residential – Old Town Only
 R2 = Residential – Single/2 Family
 R3 = Residential – Multi-family/Townhouse
 R4 = Manufactured/Trailer Park
 R5 = Age Defined

C1 = Commercial Neighborhood
 C2 = Commercial Highway
 I1 = Light Industrial
 I2 = Heavy Industrial
 M1 = Industrial/**RESTRICTED**

NOTE: TO REQUEST AN M1 ZONING CODE – YOU MUST ALREADY BE ZONEDE AS M1.



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ADDITIONAL APPLICANT ADMINISTRATIVE REVIEW REQUEST STATEMENT

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

Are there any sketches or drawings to support your request?: YES NO

If YES, they must be attached to this 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.

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’s Signature – **REQUIRED** if not the Applicant)

(Applicant Name – PRINT)

(Date)



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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 of Newspaper Posting: _____ Date of Property Posting: _____

PUBLIC HEARING: Date: _____ Location: _____ Time: _____

Decision:

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

FOR OFFICE USE ONLY

Application No. _____	Certificate No. _____	Date Issued: _____
Check/Cash Amount: _____	Check No. _____	Date Received: _____
Approved By: _____ Land Use Administrator		Date Approved: _____