



Office Use Only
Application No. _____

APPLICATION – CONCEPT PLAN

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>

APPLICATION DEVELOPMENT TYPE

Single Family Development Plan

Single Lot Plan

Commercial Industrial Plan *(up to 10,000 sq. ft.)*

Commercial Industrial Plan *(10,000 to 50,000 sq. ft.)*

Commercial Industrial Plan *(greater than 50,000 sq. ft.)*

Subdivision *(less than 50 parcels)*

Subdivision *(50 to 150 parcels)*

Subdivision *(greater than 151 parcels)*

Other Residential Development Plan *(such as Driveway; Parking Lot; Utilities; Streets; Sidewalks; Curbs; Gutters; Environment; Open Space – 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)



Office Use Only

Application No. _____

APPLICATION – CONCEPT PLAN

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>

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)	
(PIDN)	(LOT #)	(ACRES)	
			WELL CHESAPEAKE GAS KENT COUNTY SEWER
			ARTISAN DELMARVA POWER SEPTIC
			TIDEWATER DELAWARE ELEC. CO-OP

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

<p style="text-align: center;">CURRENT</p> <p>R1 R2 R3 R4 R5 C1 C2 I1 I2 M1</p> <p>R1 = Residential – Old Town Only R2 = Residential – Single/2 Family R3 = Residential – Multi-family/Townhouse R4 = Manufactured/Trailer Park R5 = Age Defined</p>	<p style="text-align: center;">REQUESTED</p> <p>R1 R2 R3 R4 R5 C1 C2 I1 I2 M1</p> <p>C1 = Commercial Neighborhood C2 = Commercial Highway I1 = Light Industrial I2 = Heavy Industrial M1 = Industrial/RESTRICTED</p>
--	---

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



Office Use Only

Application No. _____

APPLICATION – CONCEPT PLAN

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>

CURRENT/PROPOSED LAND USE *(Check all that apply)*

CURRENT	PROPOSED
AGRICULTURAL	AGRICULTURAL
INSTITUTIONAL	INSTITUTIONAL
MANUFACTURING	MANUFACTURING
OFFICE	OFFICE
PUBLIC SERVICES	PUBLIC SERVICES
RESIDENTIAL	RESIDENTIAL
SALES	SALES
STORAGE	STORAGE
TRANSPORTATION	TRANSPORTATION
OTHER (Explain Below)	OTHER (Explain Below)

PROPOSED USE INFORMATION

Please provide a summary of the proposed USE for the change/s; improvement/s; construction, (*ex: "This will be my residences."; or "the building will be used for offices"; or "storage"; etc.*), in the space provided below.



Office Use Only
Application No. _____

APPLICATION – CONCEPT PLAN

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>

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)

PLANNING COMMISSION REVIEW/FEEDBACK

Date Submitted to Planning Commission for Review: _____

Planning Commission Remarks:

Date Returned to Applicant: _____

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



Office Use Only

Application No. _____

APPLICATION – CONCEPT PLAN

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>

Applicant Name: _____

Application Date: _____

SITE PLAN

Scale: ____" = ____ ft.

