



Office Use Only

Application No. _____

Associate w/ Appl. No. _____

APPLICATION – CONDITIONAL USE 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>

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)

			WELL	CHESAPEAKE GAS	KENT COUNTY SEWER
_____ (PIDN)	_____ (LOT #)	_____ (ACRES)	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 | |



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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

- | | |
|--|---|
| <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>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.

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)



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REASON for CONDITIONAL USE REQUEST

Please provide a detailed reason for your Conditional Use Request.

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.

(Applicant Signature)

(Applicant Name – PRINT)

(Date)

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

(Applicant Name – PRINT)

(Date)

FOR OFFICE USE ONLY

Application No. _____ Certificate No. _____ Date Issued: _____

Check/Cash Amount: _____ Check No. _____ Date Received: _____

Approved By: _____ Land Use Administrator Date Approved: _____



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BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

REVIEW QUESTIONS

YES

NO

1. Is the request in harmony with the purposes and intent of the Comprehensive Plan?
2. Will the request be in harmony with the general character of its neighborhood considering density, design, bulk, and scale of proposed new structures?
3. Will the request be detrimental to the use, peaceful enjoyment, economic value, or development of surrounding properties?
4. Will the request cause objectionable noise, vibrations, fumes, odors, dust, glare, or physical activity?
5. Will the request have a detrimental effect on vehicular or pedestrian traffic?
6. Will the request adversely affect the health, safety, security, or general welfare of residents, visitors, or workers in the area?
7. Will the request be in conjunction with existing, proposed, and potential development, and not overburden existing public services and facilities?
8. Does the request comply with all other applicable standards, laws, and regulations in addition to the provisions of the Town of Cheswold Land Use Ordinance?
9. Does the request meet all other Additional Requirements for Certain Conditional Uses?

RECOMMENDED for APPROVAL:

DENIAL RECOMMENDED:

RECOMMENDATION REASON/S:



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PLANNING COMMISSION REVIEW

Approved as Submitted: _____

Date Approved: _____

Land Use Administrator

PLANNING COMMISSION RESPONSE

RECOMMENDED: DATE: _____

NOT APPROVED: DATE: _____

CERTIFIED as RECOMMENDED: _____

Planning Commissioner Chairperson

APPROVAL/DENIAL REASON/S:

PLANNING COMMISSION REVIEW

PUBLIC HEARING DATE: _____

TOWN COUNCIL MEETING DATE: _____

TOWN COUNCIL RESPONSE:

RECOMMENDED: DATE: _____

NOT APPROVED: DATE: _____

CERTIFIED as APPROVED/DENIED: _____

Mayor

APPROVAL/DENIAL REASON/S:



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FINAL DISPOSITION

APPROVAL LETTER SENT: _____ DENIAL LETTER SENT: _____

Notes to Office Staff:

1. Denial letters must be forwarded to the applicant / property owner via registered certified mail.
2. Attach signed receipt to original application.
3. Applicant has _____ days to file an appeal to Board of Adjustments.
4. Appeals must be submitted on Form # _____.

APPEAL SUBMITTED

Date Registered / Certified Appeal Received: _____

Appeal Application #: _____

Received: _____