



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: 302-734-6691 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		
R1 = Residential – Old Town Only					C1 = Commercial Neighborhood																
R2 = Residential – Single/2 Family					C2 = Commercial Highway																
R3 = Residential – Multi-family/Townhouse					I1 = Light Industrial																
R4 = Manufactured/Trailer Park					I2 = Heavy Industrial						NOTE: TO REQUEST AN M1 ZONING CODE - YOU MUST ALREADY BE ZONEDE AS M1.										
R5 = Age Defined					M1 = Industrial/ RESTRICTED																

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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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:

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)

LAND USE ADMINISTRATOR REVIEW

Applicant Information Complete: **YES** **NO**

Project Site Information Complete: **YES** **NO**

If the 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)

(BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE)

(DATE RE-INSPECTED)

(BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER SIGNATURE)

(DATE APPROVED)

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: _____



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PLANNING COMMISSION REVIEW

Report from Land Use Administrator Complete: **YES** **NO**

IF NO - What Is required?

Date Complete Report Received: _____

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 the 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: _____	