



Office Use Only
Application No. _____

APPLICATION – PRELIMINARY 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)



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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

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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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.



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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 Information is Incomplete – What is required?

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

Date forwarded to Building Inspector/Code Enforcement: _____

BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

PLAN APPROVED AS SUBMITTED

PLAN APPROVED PENDING CORRECTIONS – See Below

PLAN DENIED – See Below for Reasons



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LAND USE ADMINISTRATOR POST 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: _____

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: _____

