



Office Use Only
Application No. _____

APPLICATION – RE-ZONING

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)
(PIDN)	(LOT #)
(ACRES)	(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 | (Other) |
| STRIMMEL'S PK. | DELDOT | |
| PARKERS RUN | CHESWOLD VILLAGE | |



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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)

REASON for CONDITIONAL USE REQUEST

Please provide an explanation of how you plan to use your property in the future.



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LAND USE ADMINISTRATOR REVIEW

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

Date Forwarded to Building Inspector/Code Enforcement: _____

BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER CERTIFICATION

Date Property Inspected: _____ Land Use in Compliance with Ordinance: **YES** **NO**

If NO - Why?

Will Re-Zoning result in Compliance: **YES** **NO**

Remarks:

 (Building Inspector/Code Enforcement Officer Signature)

 (Date)

<u>ACTION ITEMS</u>	<u>COMP'D</u>	<u>APPROVED</u>	<u>DENIED</u>	<u>DATE</u>
Planning Commission Review				
Planning Commission Vote				
Planning Commission Recommendations sent to Town Council				
Public Hearing Date Set				
Public Notice Published				
Public Hearing Held				



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TOWN COUNCIL DECISION

Approved at Town Council Meeting held on: _____ Approved by Majority Vote of: _____ to _____
YES **NO**

Denied at Town Council Meeting held on: _____ Denied by Majority Vote of: _____ to _____
YES **NO**

Verified by: _____ Date: _____
Mayor – Town of Cheswold

Certified by: _____ Date: _____
Secretary – Town of Cheswold

Notarized by: _____ Date: _____
Town Clerk – Town of Cheswold

PETTITION NOTIFIED of TOWN COUNCIL DECISION: _____

COPY of APPROVED RE-ZONING DECISION to OFFICE of STATE PLANNING COORDINATION

Forwarded by: _____ Title: _____ 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: _____