



Office Use Only

Application No. _____

APPLICATION

PAVING/GRADING/DRIVEWAYS/ PARKING LOT

Town of Cheswold Planning and Zoning P.O. Box 220; 691 Main Street, Cheswold, DE 19936

Phone: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net

Website: <http://chewold.delaware.gov>

APPLICATION DEVELOPMENT TYPE

PAVING
 GRADING
 DRIVEWAY
 PARKING LOT

(Please check both if they apply.)

APPLICANT INFORMATION

_____ (LAST NAME)
 _____ (FIRST NAME)
 _____ (HOME PHONE)
 _____ (CELL PHONE)

_____ (MAILING ADDRESS)
 _____ (CITY)
 _____ (STATE)
 _____ (ZIP)

_____ (E-MAIL ADDRESS)
 PROPERTY OWNER
 PROPERTY REPRESENTATIVE

PROJECT SITE/PROPERTY & OWNER INFORMATION

_____ (LAST NAME)
 _____ (FIRST NAME)
 _____ (HOME PHONE)
 _____ (CELL PHONE)

_____ (OWNER MAILING ADDRESS)
 _____ (CITY)
 _____ (STATE)
 _____ (ZIP)

_____ (E-MAIL ADDRESS)
 _____ (BUSINESS PHONE NUMBER)

_____ (PROPERTY E911 or AVENUE/STREET ADDRESS)
 _____ (MAP ID)

WELL
 TIDEWATER
 ARTISAN
 DELAWARE ELEC. CO-OP
 DELMARVA POWER
 CHESAPEAKE GAS
 KENT CO. SEWER
 SEPTIC

PAVING/GRADING INFORMATION

If additional space is required, please add an attachment.

1. How much area is being paved/graded? _____ (in square feet)
2. How much land area is being disturbed? _____ (in square feet)
3. What are the existing conditions? _____
4. Provide paving details. (Include material types) _____



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TOWN SECTION *(Please Check One)*

- OLD TOWN FOX POINTE VILLAGE MAIN ST. BLANTON'S MHC STRIMMEL'S MHP PARKERS RUN
 NOBLES POND MCGINNIS GREEN SCHOOL LANE DELIDOT RTE. 13 CORRIDOR
 BUSINESS PARK CHESWOLD VILLAGE EDDIE EVAN'S FARM STONINGTON _____
(Other)

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

CURRENT	PROPOSED
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Institutional	<input type="checkbox"/> Institutional
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Office	<input type="checkbox"/> Office
<input type="checkbox"/> Public Services	<input type="checkbox"/> Public Services
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
<input type="checkbox"/> Sales	<input type="checkbox"/> Sales
<input type="checkbox"/> Storage	<input type="checkbox"/> Storage
<input type="checkbox"/> Transportation	Transportation
Other <i>(Explain Below)</i>	Other <i>(Explain Below)</i>

PROPOSED USE INFORMATION

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

ZONING CODE INFORMATION

CURRENT

- R1 R2 R3 R4 R5 C1 C2 I1 I2

REQUESTED

- R1 R2 R3 R4 R5 C1 C2 I1 I2

- | | |
|---|------------------------------|
| 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 |
| R5 = Age Defined | |



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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)

(DATE)

(OWNER SIGNATURE - *REQUIRED if not the Applicant*)

(DATE)

LAND USE ADMINISTRATOR REVIEW

Date Reviewed: _____

PROVIDE THE FOLLOWING TO ALL APPLICANTS:

- If the disturbance is over 1 acre, (43,560 sq. ft.), a DNREC stormwater management permit is required.
- Erosion and sedimentation, (E&S), control measures are required for all land disturbance activities to prevent stormwater run-off from the site.
- E&S control measures include silt fencing; inlet screen/socks; grading, etc.)

Date Returned to Applicant: _____

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Certificate No. _____ Date Issued: _____

Check Received: _____

Check No. _____ Check/Cash Amount: _____

Amount Reimbursed: _____

Check No. _____ Date Issued: _____



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SITE PLAN

Scale: ____" = ____ft.

