



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: 302-734-6991 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 ADDRESSCS)	(MAP ID)				
(PIDN)	(LOT #)	(ACRES)	<input type="checkbox"/> WELL	<input type="checkbox"/> TIDEWATER	<input type="checkbox"/> ARTISAN

CHESAPEAKE
 DELMARVA POWER
 DEL- ELEC CO-OP
 KENT CO. SEWER
 SEPTIC

TOWN SECTION *(Please Check One)*

OLD TOWN
 FOX POINTE
 MAIN ST.
 BLANTON PK.
 STRIMMEL'S PK
 PARKERS RUN

NOBLES POND
 MCGINNIS GREEN
 SCHOOL LANE
 DeIDOT
 RTE. 13 CORRIDOR

BUSINESS PARK
 CHESWOLD VILLAGE
 EVAN'S FARM
 STONINGTON

(Other)

###



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: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
 Website: <http://cheswold.delaware.gov>

CURRENT/PROPOSED LAND USE

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	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other <i>(Explain Below)</i>	<input type="checkbox"/> Other <i>(Explain Below)</i>

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

CURRENT/REQUESTED RE-ZONING CODE

CURRENT	PROPOSED
<input type="checkbox"/> R-1 (Old Town Residential)	<input type="checkbox"/> R-1 (Old Town Residential)
<input type="checkbox"/> R-2 (1 & 2 Family Residential)	<input type="checkbox"/> R-2 (1 & 2 Family Residential)
<input type="checkbox"/> R-3 (Townhouse/Multi-Family Residential)	<input type="checkbox"/> R-3 (Townhouse/Multi-Family Residential)
<input type="checkbox"/> R-4 (Manufactured Residential)	<input type="checkbox"/> R-4 (Manufactured Residential)
<input type="checkbox"/> R-5 (Age – Defined)	<input type="checkbox"/> R-5 (Age – Defined)
<input type="checkbox"/> C-1 (Neighborhood Commercial)	<input type="checkbox"/> C-1 (Neighborhood Commercial)
<input type="checkbox"/> C-2 (Highway Commercial)	<input type="checkbox"/> C-2 (Highway Commercial)
<input type="checkbox"/> I-1 (Light Industrial)	<input type="checkbox"/> I-1 (Light Industrial)
<input type="checkbox"/> I-2 (Heavy Industrial)	

Please provide an explanation of why you requesting to Re-Zone your property.



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: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
Website: <http://chewold.delaware.gov>

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) _____
(DATE)

(OWNER SIGNATURE – *REQUIRED if not the Applicant*) _____
(DATE)

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)



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: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
 Website: <http://chewold.delaware.gov>

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

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

PETITIONER NOTIFIED of TOWN COUNCIL DECISION: _____

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

Forwarded By: _____ Title: _____ Date: _____



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: 302-734-6991 Fax: 302-734-1355 Email: cheswoldoffice@comcast.net
Website: <http://cheswold.delaware.gov>

<i>For Office Use Only</i>		
Application No. _____	Certificate No. _____	Date Issued: _____
Check Received: _____	Check No. _____	Check/Cash Amount: _____
Amount Reimbursed: _____	Check No. _____	Date Issued: _____