

Town of Cheswold
1856



State of Delaware
1787

Administrative Adjustment Application Form

Applicant Information

- **Name:** _____
 - **Mailing Address:** _____
 - **City/State/Zip:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Property Information

- **Property Address:** _____
 - **Parcel/Tax ID Number:** _____
 - **Zoning District:** _____
 - **Lot Dimensions (if applicable):** _____
-

Variance Request Details

• **Description of Request:**

- Provide a brief explanation of the variance being sought (e.g., reduction of side yard setback by 6 inches).

• **Nature of the Adjustment:**

- Setback Deviation
- Lot Coverage Deviation
- Other (please specify): _____

• **Extent of Adjustment:**

- Current Requirement: _____
- Proposed Adjustment: _____

Attachments Checklist

Please ensure the following documents are included with your application:

- Completed application form.
- Detailed site plan showing property boundaries, existing and proposed structure locations, setback lines, and the proposed adjustment.
- Photographs of the property and adjacent properties (optional but recommended).
- Written explanation supporting the adjustment request (if not provided above).

Certification by Applicant

I hereby certify that the information provided in this application and all attachments are true and correct to the best of my knowledge. I understand that incomplete applications may result in delays or denial of my request.

Applicant Signature: _____

Date: _____

For Office Use Only

Application Information

- **Application Number:** _____
- **Date Received:** _____
- **Received By:** _____

Site Visit Details

- **Conducted By:** _____
 - **Date:** _____
-

Decision

- **Approved**
- **Denied**

Reason for Denial (if applicable):

Signature of Reviewing Official: _____

Date of Decision: _____