

Town of Bridgeville - Initial Project Review Application Application Form 1

Request to Review	Check Application	Application Copies **	Town Code Section(s)	Application Form Required
Zoning Certificate		3	234-20	Form 2
Water/Sewer Service Connection		6	190-78, 228-1 to 16, 234-66 to 67	Form 2
Sign Permit		4	234-76 to 85	Form 2
Building Permit		3	96-3, 148, 132, 205	Form 2
Occupancy Permit		3	234-21	Form 2
Minor Development Plan		20	234-22	Form 3A
Major Development Plan		20	234-22	Form 3B
Variance		20	234-23	Form 4
Conditional Use		20	234-24, 118, 205	Form 4
Zoning Change		20	1-4, 234-93 to 96	Form 4
Residential Planned Community		20	234-38	Form 5
Annexation		10	234	Form 6

**Number of copies remains consistent throughout review process for all submittals and forms.

Property Information	Please type or print legibly	Please type or print legibly
Sussex County Tax Map/Parcel:		
Project Location:		
Property Size/Dimensions:		
Project Title/Name:		
Current Zoning District:		
Proposed Zoning (if applicable):		
Current Property Use:		
Proposed Use (if applicable):		

Note: Include additional sheets as necessary for more than 2 properties and/or owners.

Applicant Information	Please type or print legibly	Please type or print legibly
Applicant (Company) Name:		
Contact Person:		
Phone Number:		
Cell Number:		
Fax Number:		
Email Address:		
Mailing Address - Street:		
City, State, Zip Code:		
Other/Comment:		

Property Owner Information	Please type or print legibly	Please type or print legibly
Owner (Company) Name:		
Contact Person:		
Phone Number:		
Cell Number:		
Fax Number:		
Email Address:		
Mailing Address - Street:		
City, State, Zip Code:		
Other/Comment:		

Engineer/Surveyor Information	Please type or print legibly	Please type or print legibly
Company Name:		
Contact Person:		
Phone Number:		
Cell Number:		
Fax Number:		
Email Address:		
Mailing Address - Street:		
City, State, Zip Code:		
Other/Comment:		

Contractor Information	Please type or print legibly	Please type or print legibly
Company Name:		
Contact Person:		
Phone Number:		
Cell Number:		
Fax Number:		
Email Address:		
Mailing Address - Street:		
City, State, Zip Code:		
Other/Comment:		

Please read the following and certify:

- 1) I understand that the designated primary contact on this project will receive all meeting information/correspondence and will be billed for professional consulting services rendered from Town Engineer/Planner/Inspector and/or the Town Solicitor as required for my application.
- 2) I understand, hereby certify that, I have supplied all the information listed on this form and that statements contained in any papers or plans submitted as part of this application are true and correct to the best of my ability.
- 3) I certify that this project will be in accordance with the plan requirements, the Comprehensive Plan, Land Use and Development Code as well as the Construction Design Standards for the Town of Bridgeville.
- 4) I further certify that I or an agent on my behalf will attend all public hearings/meetings necessary for this application, and that I will answer any questions to the best of my ability to respond to the present and future needs, health, safety, morals, convenience, order, prosperity, and general welfare of the inhabitants of Bridgeville.
- 5) I also certify that all Town of Bridgeville, Sussex County, State of Delaware and Federal requirements, codes and laws will be adhered to.
- 6) I understand that incomplete applications will not move forward in the review process.
- 7) It is understood that the Town of Bridgeville processes applications in the order in which they are received. Each complete application will be presented at the necessary hearings/meetings after eligibility and the appropriate reviews have been completed. Seven days notice of the hearing/meeting will be provided to the primary contact.
- 8) All application fees must be paid at the time of application submittal. The application fee schedule is in Chapter 128 of the Code of the Town of Bridgeville.

Designated Primary Contact:		
Signature of Applicant(s):		
Date(s):		
Signature of Property Owner(s):		
Date(s):		
Town Assigned Project Review Application Number:		
Received By:		
Received Date:		

Number will not be assigned until Form 1 is completed.

Box to be filled in by the Town.