Town of Bridgeville
Planning and Zoning Department
For Town Use

Application Review Routing Slip
Attach Form 1

Applicant (Company) Name: Pennoni Associates, Inc.

Designated Contact/Phone Number: Alan Decktor, PE - 302-684-6241

Project Title/Name: RT. 13 Self Storage of Bridgeville

Town Assigned Project Review Application Number: _____

Date of this review request: 10/6/2022

Date review needs to be completed: _____

Requested By: _____ **Return To:** _____

Please review the attached application as it pertains to your Department and/or responsibility. A complete record for the project application is in the Town Administrator's office. Return completed review to Administrator.

	Type of Review		Requested to Review
____	Zoning Certificate	____	Code Enforcement
____	Building Permit	____	Street Dept
____	Dev. Improvement Services Agreement	____	Wastewater Dept
____	Public Works Agreement	____	Water Dept
____	Conceptual Plan	____	Town Engineer
X	Preliminary Development Plan	____	Town Solicitor
____	Final Development Plan	____	Police Dept
____	Variance	____	Fire Dept
X	Conditional Uses	____	Sussex County EMS
____	Zoning Change	____	Finance Dept

I have reviewed this application and comment as follows:

- ____ No comments to submit, application is satisfactory.
- ____ Comments attached that need to be addressed at next step.
- ____ Comments attached, need re-submittal before proceeding to next step.
- ____ Do not need to review project – No or Minimal Impact

Signature of Reviewer: _____

Date Review Completed: _____

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	X	20	234-22	Form 3B
Variance		20	234-23	Form 4
Conditional Use	X	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:	131-15.00-15.00	
Project Location:	Corner of Passwaters Farm Road and Rt. 13, Bridgeville DE	
Property Size/Dimensions:	13.41 Acres	
Project Title/Name:	Rt. 13 Self Storage of Bridgeville	
Current Zoning District:	C-1	
Proposed Zoning (if applicable):		
Current Property Use:	Agricultural	
Proposed Use (if applicable):	Mini Self Storage Warehousing with Office	

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:	Pennoni Associates, Inc.	
Contact Person:	Alan Decktor, PE	
Phone Number:	302-684-6241	
Cell Number:		
Fax Number:		
Email Address:	adecktor@pennoni.com	
Mailing Address - Street:	18072 Davidson Drive Milton DE 19968	
City, State, Zip Code:		
Other/Comment:		

Property Owner Information	Please type or print legibly	Please type or print legibly
Owner (Company) Name:	Doves Estate, LLC	
Contact Person:	Dan Foster	
Phone Number:	410-310-3393	
Cell Number:		
Fax Number:		
Email Address:	danbfoster@gmail.com	
Mailing Address - Street:	PO Box 858 Ridgely MD 21660	
City, State, Zip Code:		
Other/Comment:		

Engineer/Surveyor Information	Please type or print legibly	Please type or print legibly
Company Name:	Pennoni Associates, Inc.	
Contact Person:	Alan Decktor, PE	
Phone Number:	302-684-6241	
Cell Number:		
Fax Number:		
Email Address:	adecktor@pennoni.com	
Mailing Address - Street:	18072 Davidson Drive Milton DE 19968	
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):	Alan Decktor	10/7/2022	
Date(s):			
Signature of Property Owner(s):		10/7/2022	
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.