

**VARIANCES, CONDITIONAL USE APPROVAL & ZONING CHANGE APPLICATION 4**

Applicant (Company) Name: Christine Davis Swarbrick  
 Contact Person: Christine Davis Swarbrick  
 Project Title/Name: Rear Deck @ 410 Walnut St.  
 Town Assigned Project Review Application number (from Form 1): \_\_\_\_\_

**Applicant Request:**

- Variance For Deck at back of house to be the same width of house, when house is located close to property boundary line
- Conditional Use Approval For \_\_\_\_\_
- Zoning Change For \_\_\_\_\_

**Required Information**

The Application information must be submitted in writing to the Administrator with this application:

- Statement of the type of relief, permission, or review requested.
- Information about the property for which the application or review is being made.
- Narrative providing information to support the application including the provisions of Chapter 234 and a statement as to how the application complies with those provisions.
- Plans or drawings that support or clarify the relief or permission requested.
- Information requested by the Board or information that may support this application.

The burden of proof is on the applicant. AN applicant for an administrative review, variance, conditional uses, or Zoning change shall have the burden of presenting the information needed by the Board to decide.

Reference Town Code Chapters 234-23, 234-24, and 234-93 for a complete description of the required information and process.

**Applicant Signature**

The Applicant & property owner understand that all certifications on Form 1, the Initial project review application continue to apply.

Signature of Applicant Christine Davis Swarbrick  
 Date of Applicant (s) 8/12/2022  
 Print Name (s) Christine Davis Swarbrick  
 Date Signed 8/12/2020

Date Form 4 Received by Town: 8/2022  
 Reviewed By: [Signature]

## 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:	131-10.15-64.00	
Project Location:	410 Walnut St.	
Property Size/Dimensions:	46 x 160 7360 sq. ft.	
Project Title/Name:	Rear deck @ 410 Walnut St.	
Current Zoning District:	MR	
Proposed Zoning (if applicable):		
Current Property Use:	Residential	
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:	Christine Davis Swarbrick	
Contact Person:	Christine	
Phone Number:	302-228-1004	
Cell Number:		
Fax Number:		
Email Address:	Chrisapaw@msn.com	
Mailing Address - Street:	207 S. Main St.	
City, State, Zip Code:	Bridgeville, DE 19933	
Other/Comment:		

Property Owner Information	Please type or print legibly	Please type or print legibly
Owner (Company) Name:	Christine Davis Swarbrick	
Contact Person:	Christine	
Phone Number:	302-228-1004	
Cell Number:		
Fax Number:		
Email Address:	Chrisapaw@msn.com	
Mailing Address - Street:	207 S. Main St.	
City, State, Zip Code:	Bridgeville, DE 19933	
Other/Comment:		




Engineer/Surveyor Information	Please type or print legibly	Please type or print legibly
Company Name:	None	
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:		

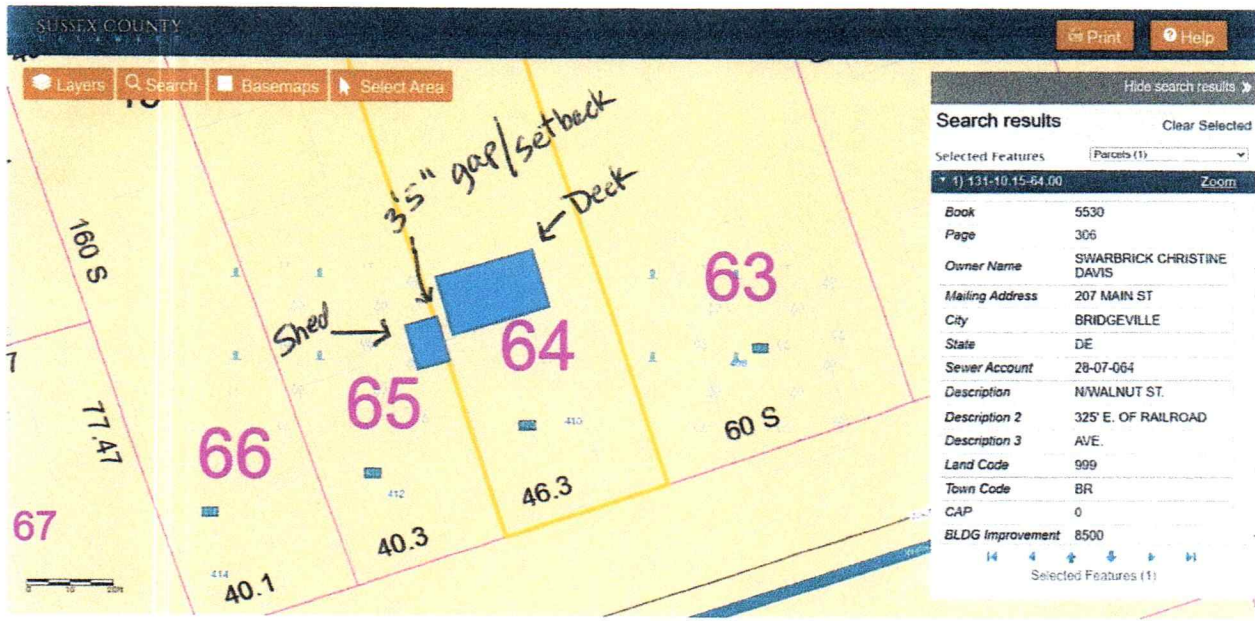
Please read the following and certify:

- 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:	Christine Davis Swackbick	
Signature of Applicant(s):	Christine Davis Swackbick	
Date(s):		
Signature of Property Owner(s):	Christine Davis Swackbick	
Date(s):	8/12/22	
Town Assigned Project Review Application Number:		
Received By:		
Received Date:	8/2022	

Number will not be assigned until Form 1 is completed.

Box to be filled in by the Town.



### Allow Deck to be 3'4" from Property Line

We are asking to allow a 12 ft. x 24 ft. deck to be 3 ft. 4 inches from the property line, the same distance the house is from the property line.

Currently the neighbor at 412 Walnut has a shed directly on the property line as illustrated above. When I spoke with the homeowner, Gladys Gerardi, she did not oppose the placement of the deck at the back of our house.



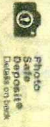
CHRISTINE DAVIS SWARRBRICK  
207 S MAIN ST  
BRIDGEVILLE, DE 19933-1239

8/12/22

DATE

\$ 500.00

DOLLARS



PAY TO THE ORDER OF  
Five Hundred and 00/100

*Town of Bridgeville*

PNC BANK N.A. (080)

PNC BANK

FOR *the Walnut Park Annex*

*Christ Davis Swarrbrick*

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