



Initial Project Review Application- Form 1

Property Information

Sussex Co. Tax Map/Parcel: _____
 Project Location: _____
 Project Size/Dimensions: _____
 Project Title/Name: _____
 Current Zoning (if applicable): _____
 Current Property Use: _____
 Proposed Use (if applicable): _____
 Proposed Use (if applicable): _____

Applicant Information

Applicant (Company) Name: _____
 Contact Person: _____
 Phone Number: _____ Email Address: _____
 Mailing Address: _____
 Other/Comment _____

Property Information

Applicant (Company) Name: _____
 Contact Person: _____
 Phone Number: _____ Email Address: _____
 Mailing Address: _____
 Other/Comment _____

Engineer/Surveyor Information

Company Name: _____
 Contact Person: _____
 Phone Number: _____ Email Address: _____
 Mailing Address: _____
 Other/Comment _____

Contractor Information

Company Name: _____
 Contact Person: _____
 Phone Number: _____ Email Address: _____
 Mailing Address: _____
 Other/Comment _____

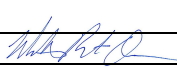
****DIGITAL SUBMISSION PREFERRED****

*No more than 5 copies, if you submit hard copies.

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

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 by Town Engineer/Planner/ and/or the Town Solicitor as required for my application.
- 2) I understand and 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 Codeas 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, property, 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 submission. The application fee schedule is in Chapter 128 of the Code of the Town of Bridgeville.

Designated Primary Contact: _____
Signature of Applicant (s):  _____
Dates _____
Signature of Property Owner (s) same as above _____
Date _____

Town Assigned Project Review Application Number: _____
Received by: _____
Received Date: _____