### Variances, Conditional Use Approval and Zoning Change Application Form 4

General
Applicant (Company) Name: Danald Cornish
Contact Person: Donald Cornish (302-399-4960)
Project Title/Name: New Construction - house
Town Assigned Project Review Application Number (from Form 1):
Applicant Request:
Variance For: Lot $s_{12}e^{\pm \frac{1-31-10.87-6.00}{1-31-10.87-6.00}}$
Conditional Use Approval For:
Zoning Change From: To:
Date Form 4 Received by Town:  Received by:  Box to be filled in by Town  August 9, 2523  Box to be filled in by Town  Former Received  9/5/2023

### Required Information

The following 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 statements as to how the application complies with those provisions.
- Plans or drawings that support or clarify the relief or permission requested.
- Other 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 make a determination.

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

### Applicant Signature

The applicant and property owner understands that all certifications on Form 1. Initial Project Review Application, continue to apply.

Signature of Applicant(s):

Print Name(s): Date Signed: Donald Cornish

Q Cruniole

## Town of Bridgeville Planning and Zoning Department For Town Use

## Application Review Routing Slip Attach Form 1

	7 16 Caralal
Applicant (Company) Name:	Donald Cornish
Designated Contact/Phone Number	er: 302-399-4960
Project Title/Name:	Lot Variance
Town Assigned Project Review Ap	
Date of this review request:	Acous 9, 2023
Date review needs to be completed	I:
Requested By: Donald Corn	rish Return To: Donald Cornish
Town Administrator's office. R  Type of Review Zoning Certificate Building Permit Dev. Improvement Services A Public Works Agreement Conceptual Plan Preliminary Development Plan Final Development Plan Variance Conditional Uses Zoning Change  [ have reviewed this application and one of the comments to submined to the comments to submined the comments	Water Dept Town Engineer Town Solicitor Police Dept Fire Dept Sussex County EMS Finance Dept comment as follows: nit, application is satisfactory.
Comments attached, n	nat need to be addressed at next step.  need re-submittal before proceeding to next step.  project - No or Minimal Impact
Signature of Reviewer:  Date Review Completed:	

Town of Bridgeville Planning and Zoning Department Application Review Routing Slip

## Town of Bridgeville - Initial Project Review Application Application Form 1

	Check	Application	Town Code	Application Form
Request to Review	Application	Copies **	Section(s)	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	V	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

<sup>\*\*</sup>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:	Donald Cornish	
Contact Person:		
Phone Number:	302	
Cell Number:	302- 399- 4960	
Fax Number:		
Email Address:		
Mailing Address - Street:	P.D. BOX 801	
City, State, Zip Code:	Seaford 1D9	
Other/Comment:		

Property Owner Information	Please type or print legibly	Please type or print legibly
Owner (Company) Name:	Rame as above	
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:	Donald Cornis	አነ	
Signature of Applicant(s):	Dan Round		
Date(s):	10		
Signature of Property Owner(s):	•		
Date(s):	O Course		
Town Assigned Project Review	Application Number:		
	Received By:	MC	
	Received Date:	A1mt 9, 20:07	

Number will not be assigned until Form 1 is completed.

Box to be filled in by the Town.



#### Initial Project Review Application- Form 1

#### Property Information

Annexation

1 Toperty Information		
Sussex Co. Tax Map/Parcel: 1-3	1-10.07-6.00	
Project Location: NW Church Ston lef	before the railroad tracks	
Project Size/Dimensions:		
Project Title/Name:		
Project Title/Name:Current Zoning (if applicable):_	Town	
Current Property Line:	<del></del>	
Description (if applicable)		
Proposed Use (if applicable):_		
Proposed Use (if applicable):_		
Applicant Information		
Applicant (Company) Name: Do	naid Cornish	
Contact Person: Donald Cornish Phone Number: 302-399-4960		
Phone Number: 302-399-4960	Em	nail Address: None
Mailing Address: P.O. Box Sol .	Seaford, DE 19973	
Other/Comment		
Property Information		
	ne as above	
Contact Person:	F	-11 Add
Phone Number:	Em	ail Address:
Mailing Address:		
Other/Comment		
F		
Engineer/Surveyor Information		
Company Name:		
Contact Person:		
		iail Address:
Mailing Address:		
Other/Comment		
Contractor Information		
Company Name:		
Contact Person:		
Phone Number:	Em	ail Address:
Mailing Address:		
Other/Comment		
Other/Comment		
**DIGITAL SUBMISSION PREFER	RED**	
*No more than 5 copies, if you su		
,,,,,,,,,,		
Request to Review	Town Code Section(s)	
Zoning Certificate	234-20	Form 2
Water Service Connection	190-78, 228-1 to	F 0
Sian Dormit	16, 234-66 to 67	Form 2 Form 2
Sign Permit Building Permit	234-76 to 85 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

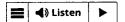
Please read the following and certify:

- 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 Code 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: Donald Cornish
Designated Primary Contact: Donald Cornish Signature of Applicant (s):
Dates
Signature of Property Owner (s) Downsh
Date
Town Assigned Project Review Application Number:
Received by: MC
Received Date: Ahus 9.1003

## BRIDGEVILLE DELAWARE

(https://bridgeville.delaware.gov)



#### **Permits**

Bridgeville Business Process

Guidelines for Type of Application Review Required C.

Preliminary Land Use Services Checklist []

Permits (All three (3) are Fillable PDFs):

- Water Connection Permit 🖟
- Building Permit (New Home) [].
- Building Permit

#### Applications:

- Event on Public Property Application []
- Initial Project Review Application Form 1 (%(Fillable PDF)

- Minor Development Plan Application Form 3A
- RCP Zoning District Application Form 5
- Annexation Request Application (Fillable PDF)
- Variances, Conditional Use Approval & Zoning Change Form 4 ☐ (Fillable PDF)
  - Water Hydrant Meter Rental Agreement In

<sup>\*\*</sup>Please note – As of July 1, 2021, the wastewater system is owned and operated by Sussex County. For any project intending to connect to the wastewater system, a Sewer Service Concept Evaluation must be completed here – https://sussexcountyde.gov/sewer-service-concept-evaluation-requirements (https://sussexcountyde.gov/sewer-service-concept-evaluation-requirements) \*\*

#### **Donald Cornish Variance Request**

Owner seeks reduction in lot size.

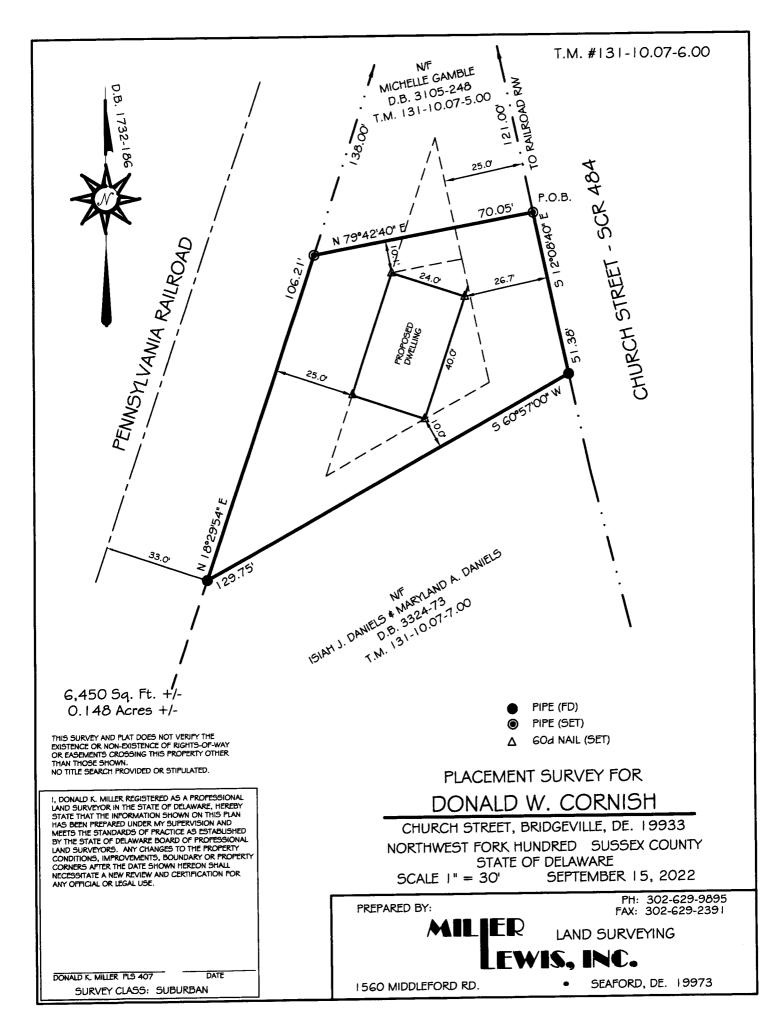
Owner paid to have the lot annexed into the Town of Bridgeville with assurance that it would be a buildable lot only to find out upon filing for a building permit that it needed to have a variance for size.

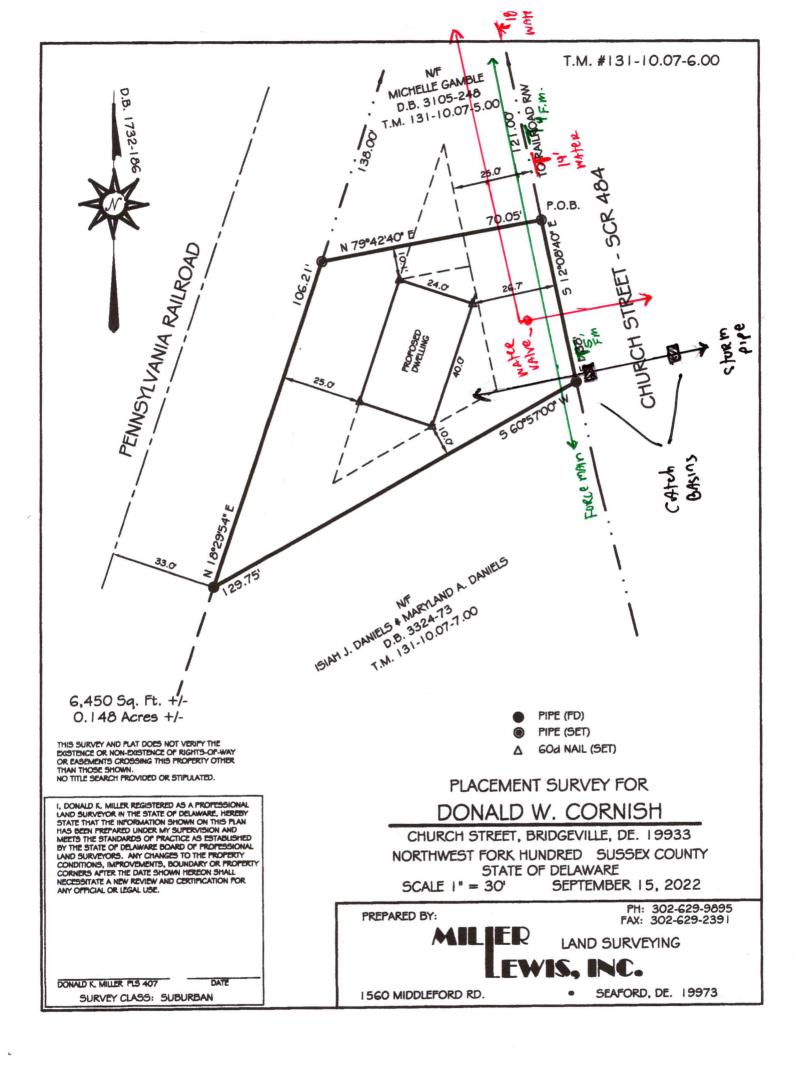
Owner presented the house plans to the Town Manager and it meets all set-backs per the town, as well as, the assurance of the surveyor, Don Miller.

Copy of the survey.

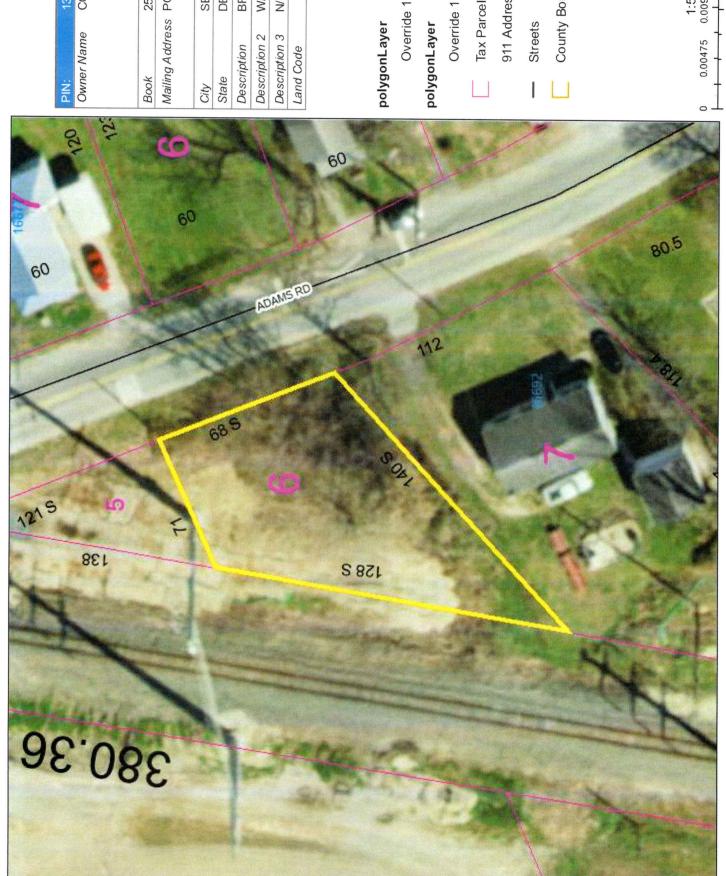
Copy of the house plans.

T.M. #131-10.07-6.00 138.0 MICHELLE GAMBLE D.B. 3105-248 T.M. 131-10.07-5.00 70.05 PENNSY VANIA RAILROAD N 79º42'40' E 6,450 Sq. Ft. +/-0.148 Acres +/-EIAH J. DANIELS MARRAND A DANIELS PIPE (FD) PIPE (SET) THIS BURVEY AND FLAT DOES NOT VERRY THE DISTENCE OR NON-DISTENCE OF RIGHTS-OF-WAY OR PASSINGHTS OFFICENTY OTHER THAN THOSE SHOWN. NO TITLE SEARCH PROVIDED OR STIPULATED. **BOUNDARY SURVEY PLAN FOR** I, STEPHEN M. SELLETS REGISTERED AS A PROPESSIONAL LAND SURVICIOR IN THE STATE OF DELAWARE, HEREBY STATE THAT THE REPORTANTION SHOWN ON THIS FLAN HAS BEEN FREEZABLE HORDE MY SUPERVISION AND MEETS THE STANDARDS OF PRACTICE AS ESTABLISHED BY THE STATE OF DELAWARE BOARD OF PROFESSIONAL WARD SURVICIONS. IN CHANGES TO THE PROPERTY CONDITIONS, INFROVOMENTS, BOUNDARY OR FROPERTY CONDITIONS, INFROVOMENTS, BOUNDARY OR FROPERTY CONCERNS ATTER THE DATE SHOWN HEREON SHALL NECESSITATE A NEW REVIEW AND CORTIFICATION FOR ANY OFFICIAL OR LEGAL USE. DONALD W. CORNISH CHURCH STREET, BRIDGEVILLE, DE. 19933 NORTHWEST FORK HUNDRED SUSSEX COUNTY STATE OF DELAWARE DECEMBER 17, 2019 SCALE 1" = 30" PH: 302-629-9895 PAX: 302-629-2391 PREPARED BY: MILIER LAND SURVEYING Lewis, inc. 87161 M. 501573 FLS 568 SEAFORD, DE. 13973 SURVEY CLASS: SUBURBAN 1560 MIDDLEFORD RD.











# polygonLayer

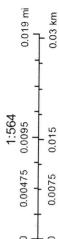
Override 1

Tax Parcels

# 911 Address

## Streets

County Boundaries



Danmhar 1 2002