

Town of Bridgeville
Planning and Zoning Department
 For Town Use

Application Review Routing Slip
 Attach Form 1

Applicant (Company) Name: _____

Designated Contact/Phone Number: _____

Project Title/Name: _____

Town Assigned Project Review Application Number: _____

Date of this review request: _____

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.

<u>Type of Review</u>	<u>Requested to Review</u>
_____ Zoning Certificate	_____ Code Enforcement
_____ Building Permit	_____ Street Dept
_____ Dev. Improvement Services Agreement	_____ Wastewater Dept
_____ Public Works Agreement	_____ Water Dept
_____ Conceptual Plan	_____ Town Engineer
_____ Preliminary Development Plan	_____ Town Solicitor
_____ Final Development Plan	_____ Police Dept
_____ Variance	_____ Fire Dept
_____ 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		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.