

## 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: | Clint Whaley, Michael Whaley |                              |
| Contact Person:           | Clint Whaley                 |                              |
| Phone Number:             | 443-359-0161                 |                              |
| Cell Number:              | 443-359-0161                 |                              |
| Fax Number:               |                              |                              |
| Email Address:            | Clint.Whaley@yachso.com      |                              |
| Mailing Address - Street: | 104 South 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:      |                              |                              |
| Contact Person:            |                              |                              |
| Phone Number:              |                              |                              |
| Cell Number:               |                              |                              |
| Fax Number:                |                              |                              |
| Email Address:             |                              |                              |
| Mailing Address - Street:  |                              |                              |
| City, State, Zip Code:     |                              |                              |
| Other/Comment:             |                              |                              |

**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:** \_\_\_\_\_

| 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:            |                              |                              |

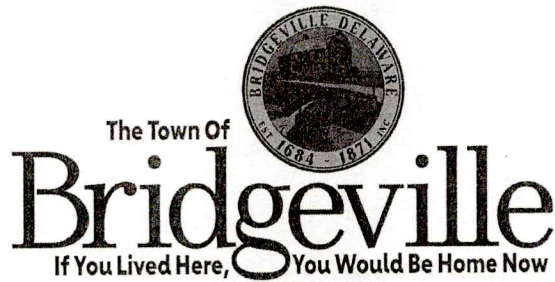
Please read the following and certify:

- 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):   | 8/9/2021   |  |
| Signature of Property Owner(s):                  |  |  |
| Date(s):   |  |  |
| Town Assigned Project Review Application Number: |  |  |
| Received By:                                     |  |  |
| Received Date:                                   | 8/12/21  |  |

Number will not be assigned until Form 1 is completed.

Box to be filled in by the Town.



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

Applicant (Company) Name: Clint and Michael Whaley  
Contact Person: Clint Whaley  
Project Title/Name Owener  
Town Assigned Project Review Application number (from Form 1) \_\_\_\_\_

Applicant Request

Variance For Reduced side and rear yard setbacks for new pole barn garage  
 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  
Date of Applicant (s) 8/6/2024 8/6/2024  
Print Name (s) Clint Whaley Michael Whaley  
Date Signed 8/6/2024 8/6/2024

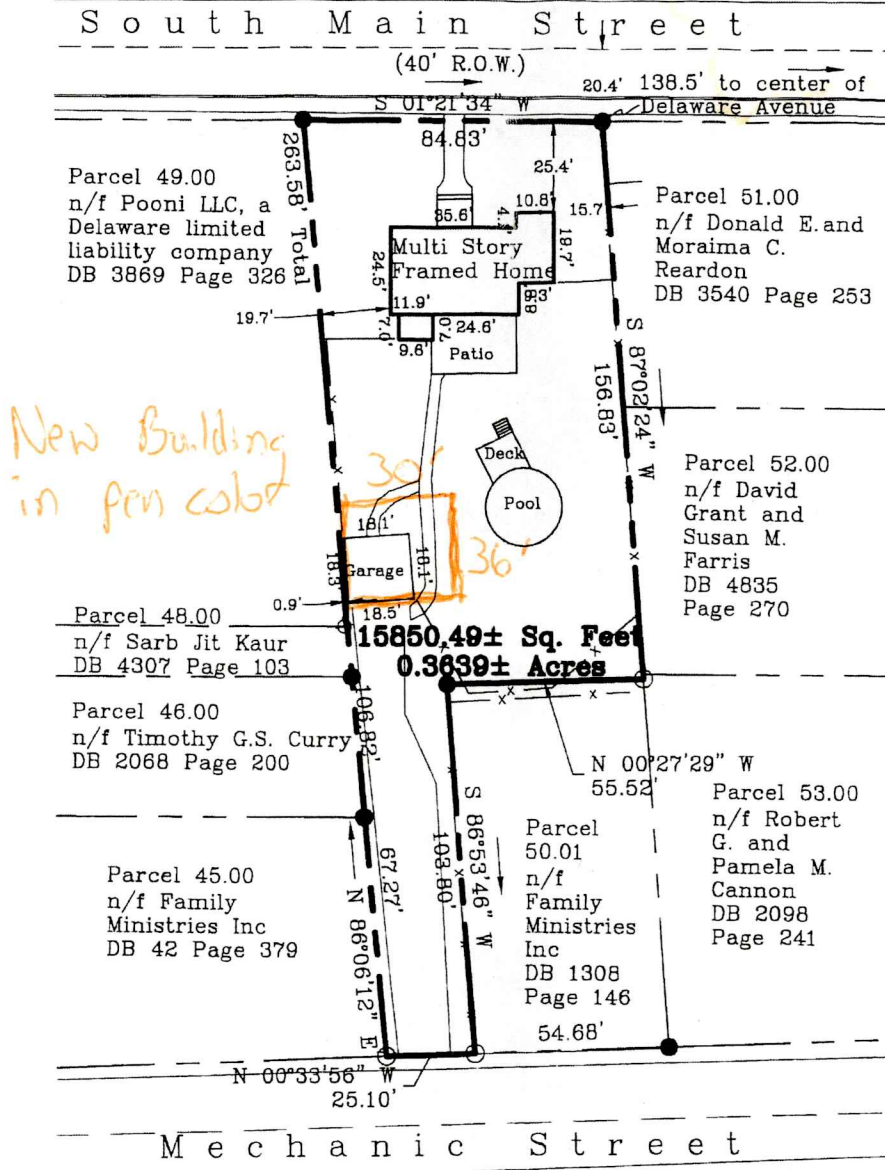
Date Form 4 Received by Town: 8/9/24  
Reviewed By: [Signature]

LOT AND LOCATION SURVEY PLAN  
 LANDS OF "CLINT M. AND MICHAEL E. WHALEY"

ALSO KNOWN AS: "104 SOUTH MAIN STREET, BRIDGEVILLE, DE"  
 SITUATE IN: "TOWN OF BRIDGEVILLE, NORTH WEST FORK HUNDRED"  
 SUSSEX COUNTY \* STATE OF DELAWARE  
 TAX MAP #: 131-10.16 PARCEL 50.00  
 DEED REFERENCE: DB 4983, PG 225

ZONING CLASSIFICATION: R-1  
 YARD REQUIREMENTS:  
 Frontyard: 25'  
 Sideyard: 10'  
 Rearyard: 25'

DB 4983 PAGE 225



*New Building  
 in pen color*

**15850.49± Sq. Feet**  
**0.3639± Acres**

NOTES

1. THIS SURVEY IS CLASSIFIED AS A "SUBURBAN" SURVEY.
2. UNLESS THIS PLAT HAS A SEAL WITH AN ORIGINAL SIGNATURE OF ENGINEER, IN RED INK, THIS IS NOT AN AUTHORIZED COPY.
3. THE SURVEY DOES NOT VERIFY THE EXISTENCE OF OR NONEXISTENCE OF ANY EASEMENTS OR RIGHT OF WAYS.

LEGEND

- PROPERTY LINE
- x FENCE
- IRON PIPE FOUND
- ⊕ IRON AXLE
- PROPERTY CORNER UNMARKED



*[Signature]*  
 PROFESSIONAL ENGINEER



22184 MELSON ROAD  
 GEORGETOWN, DELAWARE 19947  
 PHONE NO. 302-856-1585

DRAWN BY: JBR

DATE: 07-02-2021

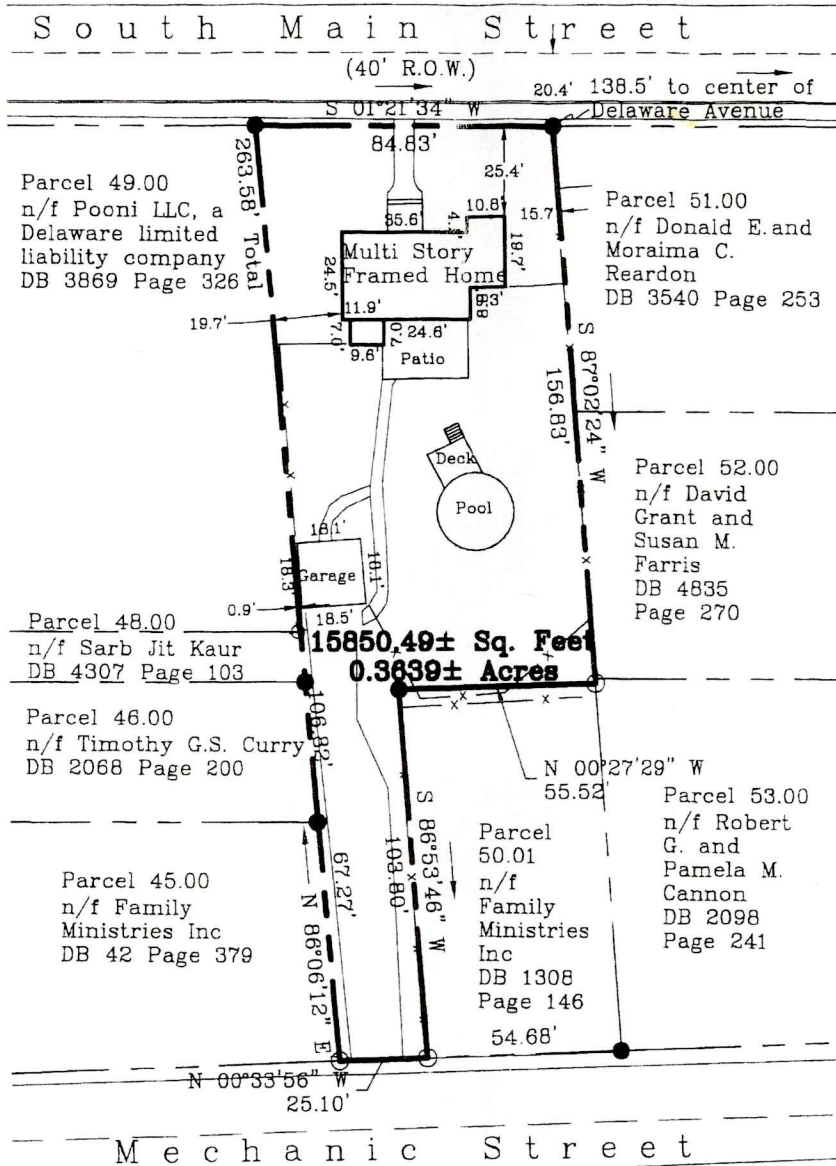
SCALE: 1"=50'

SHEET 1/1

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- PROPERTY LINE
- x- FENCE
- IRON PIPE FOUND
- ⊕ IRON AXLE
- PROPERTY CORNER UNMARKED



*JBR*  
 PROFESSIONAL ENGINEER

**JOHN B. ROACH**  
 Engineering LLC

22184 MELSON ROAD  
 GEORGETOWN, DELAWARE 19947  
 PHONE NO. 302-856-1665

DRAWN BY: JBR

DATE: 07-02-2021

SCALE: 1"=50'

SHEET 1/1