

**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, 15-71.00	
Project Location:	413 Walnut St.	
Property Size/Dimensions:	120 x 160	
Project Title/Name:	Split 413 Walnut into 2 lots	
Current Zoning District:		
Proposed Zoning (if applicable):		
Current Property Use:	House + empty lot	
Proposed Use (if applicable):	To build a house on empty lot	

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	
Contact Person:	Christine Davis	
Phone Number:	302-228-1004	
Cell Number:	same	
Fax Number:	NA	
Email Address:	chrisapawi@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:		
Phone Number:		
Cell Number:		
Fax Number:		
Email Address:	Same as above	
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: Christine Davis

Designated Contact/Phone Number: 302-228-1004

Project Title/Name: Split 413 Walnut into 2 lots (parcels)

Town Assigned Project Review Application Number: _____

Date of this review request: 2/6/2026

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>
<input type="checkbox"/> Zoning Certificate	<input type="checkbox"/> Code Enforcement
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Street Dept
<input type="checkbox"/> Dev. Improvement Services Agreement	<input type="checkbox"/> Wastewater Dept
<input type="checkbox"/> Public Works Agreement	<input type="checkbox"/> Water Dept
<input type="checkbox"/> Conceptual Plan	<input type="checkbox"/> Town Engineer
<input type="checkbox"/> Preliminary Development Plan	<input type="checkbox"/> Town Solicitor
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/> Police Dept
<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Fire Dept
<input type="checkbox"/> Conditional Uses	<input type="checkbox"/> Sussex County EMS
<input type="checkbox"/> Zoning Change	<input type="checkbox"/> 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	
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	
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
Signature of Applicant(s):	Christ Davis
Date(s):	2/6/26
Signature of Property Owner(s):	Christ Davis
Date(s):	2/6/26
Received By:	Christine Davis
Received Date:	February 16, 2026

Number will not be assigned until Form 1 is completed.

Box to be filled in by the Town.

Application to split 413 Walnut Street property into 2 parcels

Owner: Christine Davis

207 S Main St.

Bridgeville, DE 19933

302-228-1004

Chrisapawi@msn.com

Christine Davis is requesting 413 Walnut Street parcel be split into 2 parcels for the purpose of transferring the deed to the parcel to Patrick Davis.

Currently, there is a house located on the east side of the 413 Walnut street parcel at lot 26.

Frontage for this property is 120 feet

Depth of the property is 160 feet

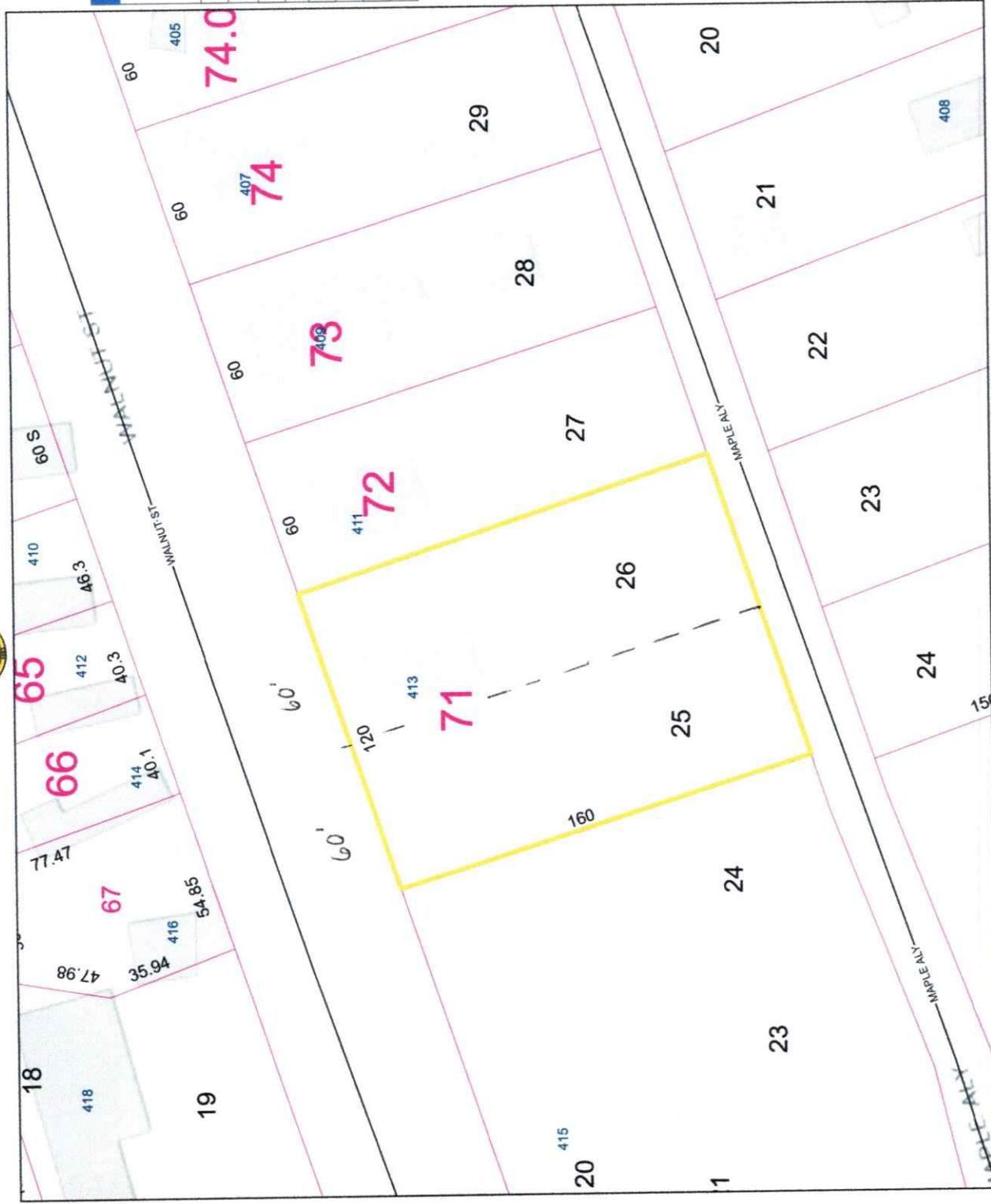
Christine is requesting the one parcel becomes 2 parcels for lots 25 and 26

Each lot dimensions 60 ft x 160 ft



A3 Landscape Parcel Details

PIN	131-10-15-71-00					
Owner Name	SWARBRICK CHRISTINE DAVIS	Book	5530	Mailing Address	207 MAIN ST	BRIDGEVILLE
City		State	DE	Description		
				Description 2		
				Description 3		
				Land Code		



1

February 6, 2026

N	E (km)
1	0.035
2	0.028
3	0.025
4	0.022
5	0.020
6	0.018
7	0.017
8	0.016
9	0.016
10	0.016