

Sussex County Comprehensive Plan Amendment Request Form

Sussex County, Delaware

Sussex County Planning & Zoning Department
2 The Circle (P.O. Box 417) Georgetown, DE 19947

☎ 302-855-7878

✉ pandz@sussexcountyde.gov

Type of Amendment Requested (e.g Future Land Use Map, Existing Land Use Map, or Text Revision)

Year that Comprehensive Plan was Adopted:

If Applicable, the Date(s) of any PLUS Review by the State of Delaware

Tax Map #:

Total Acreage:

Applicant Information

Applicant Name:

Applicant Address:

City:

State:

ZipCode:

Phone #:

E-mail:

Developer Information

Developer Name:

Attorney Information (If Applicable)

Attorney Name:

Attorney Address:

City:

State:

ZipCode:

Phone #:

E-mail:



Description of Request: (Please provide a written description of the request, along with details of the Tax Parcel ID(s) of the relevant parcels to which the amendment request relates. If you are requesting a text amendment to the Comprehensive Plan, please also clearly explain which Chapters of the Comprehensive Plan your request relates)

Check List for Comprehensive Plan Amendment Request Applications

The following shall be submitted with any request

Completed Application (including relevant Application Fee)

A scaled survey drawing is appended to this Application that clearly shows the location of all parcels to which the amendment request relates.

The Applicant understands that Sussex County Council may submit a copy of this application, along with copies of all documents received, to the State of Delaware Office of Management and Budget for the purposes of any enabling the State of Delaware to review the requested revision.

The undersigned hereby certifies that the forms, exhibits, and statements contained in any papers or plans submitted as a part of this application are true and correct.

Signature of Applicant/Attorney

For office use only:

Date Submitted: _____ Application & Case # : _____
Staff member receiving Application: _____ Fee: \$1,000.00, Check #: _____

Location of property: _____

Date of Commission Hearing: _____ Recommendation: _____

Date of Council Hearing: _____