

**Planning & Zoning Commission Application
Sussex County, Delaware**

Sussex County Planning & Zoning Department
2 The Circle (P.O. Box 417) Georgetown, DE 19947
302-855-7878 ph. 302-854-5079 fax

Type of Application: (please check applicable)

- Conditional Use
- Zoning Map Amendment

Site Address of Conditional Use/Zoning Map Amendment

Type of Conditional Use Requested:

Tax Map #: _____ **Size of Parcel(s):** _____
Current Zoning: _____ **Proposed Zoning:** _____ **Size of Building:** _____

Land Use Classification:

Water Provider: _____ **Sewer Provider:** _____

Applicant Information

Applicant Name: _____
Applicant Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-mail: _____

Owner Information

Owner Name: _____
Owner Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-mail: _____

Agent/Attorney/Engineer Information

Agent/Attorney/Engineer Name: _____
Agent/Attorney/Engineer Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-mail: _____



Check List for Sussex County Planning & Zoning Applications

The following shall be submitted with the application

Completed Application

Provide two (2) paper copies and one (1) electronic copy **of the Site Plan or Survey of the property**

- Survey shall show the location of existing or proposed building(s), building setbacks, parking area, proposed entrance location, etc.
- Provide a PDF of Plans (may be e-mailed to a staff member)
- Deed or Legal description
- Drainage Assessment Report (if required, please refer to Section 115-193 (F))
- TIS or Area Wide Study Fee Memo (if required, please refer to the MOU)

Provide relevant Application Fee (please refer to fees effective July 1, 2022)

Optional - Additional information for the Commission/Council to consider (ex. architectural elevations, photos, exhibit books, etc.) If provided submit 8 copies and they shall be submitted a minimum of ten (10) days prior to the Planning Commission meeting.

Please be aware that Public Notice will be sent to property owners within 200 feet of the subject site and County staff will come out to the subject site, take photos and place a sign on the site stating the date and time of the Public Hearings for the application.

DelDOT Service Level Evaluation Request Response

PLUS Response Letter (if required)

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.

I also certify that I or an agent on my behalf shall attend all public hearing before the Planning and Zoning Commission and the Sussex County Council and any other hearing 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, the health, safety, morals, convenience, order, prosperity, and general welfare of the inhabitants of Sussex County, Delaware.

Signature of Applicant/Agent/Attorney

Date:

Signature of Owner

Date:

For office use only:

Date Submitted: _____

Fee: _____ Check #: _____

Staff accepting application: _____

Application & Case #: _____

Location of property: _____

Subdivision: _____

Date of PC Hearing: _____

Recommendation of PC Commission: _____

Date of CC Hearing: _____

Decision of CC: _____