

**PLANNING & ZONING**  
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Director  
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**Sussex County**  
DELAWARE  
sussexcountyde.gov

## Service Level Evaluation Request Form

This form **shall** be submitted to the Planning and Zoning Office and a response **shall** be received back from DelDOT prior to the applicant being able to submit an application to the Planning and Zoning Office.

Date:

### **Site Information:**

Site Address/Location:

Tax Parcel Number:

Current Zoning:

Proposed Zoning:

Land Use Classification:

Proposed Use(s):

Square footage of any proposed buildings or number of units:

### **Applicant Information:**

Applicant's Name:

Applicant's Address:

City:

State:

Zip Code:

Applicant's Phone Number:

Applicant's e-mail address:

