PLANNING & ZONING Jamie Whitehouse, AICP, MRTPI Director

(302) 855-7878 T (302) 854-5079 F





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.

Zoning Office.				
Date:				
Site Information:				
Site Address/Locatio	on:			
Tax Parcel Number:				
Current Zoning:				
Land Use Classificati	on:			
Acreage:				
Subdivision:				
Conditional Use:				
Change of Zone:	Proposed Zoning:			
Proposed Use(s):				
Square footage of any	y proposed buildings or r	number of units:		
Applicant Informat	<u>ion</u> :			
Applicant's Name:				
Applicant's Address:				
City:		State:	Zip Code:	
·				
Applicant's Phone N				
Applicant's e-mail ad	uress:			

