



The Town of Elsmere

11 Poplar Avenue, Elsmere, Delaware 19805

Phone (302) 998-2215 Fax (302) 998-9920

Application for Hearing

- Board of Adjustment
 Planning Commission

Petition # _____ Filing Fee: _____ Date Received _____ Received by: _____

Subject Property: _____

Property is: Residential Commercial

Tax Parcel # _____ Zoning District: _____

Applicant name: _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip Code: _____

Application for Zoning Variance Related to: _____

- | | |
|---|---|
| <input type="checkbox"/> Front yard setback | <input type="checkbox"/> Lot Coverage |
| <input type="checkbox"/> Rear yard setback | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Side yard setback | <input type="checkbox"/> Parking requirements |
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Rezoning | |

Current Zoning: _____ New Zoning Request: _____

Application for Special Exception Use Permit for the following use: _____

Application for Appeal of an Administrative decision: _____

By: _____ Date: _____

For the following reasons: _____

Application for relief other than above: _____

State reasons for this request: _____

Has a previous application for this property been filed with the Town? Yes No

If yes, Petition # _____

If the applicant is not the Legal Owner of the property:

Legal owner information:

Name: _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip Code: _____

Please submit the following with this petition:

- A copy of a plot plan showing the following: location of the property; a diagram showing the layout, size, and location of existing structures on the property.
- A copy of any deed restrictions on the property.
NOTE: THE BOARD OF ADJUSTMENT OR PLANNING COMMISSION CANNOT APPROVE ANY APPLICATION PROHIBITED BY DEED RESTRICTIONS.
- Filing fee, payable to the Town of Elsmere.

The undersigned hereby certifies that the legal owner of the subject property is aware of, and agrees to the filing of this application, that the information submitted herein is correct, and agrees to be bound by any decision of the Town of Elsmere Board of Adjustment with respect to the subject property.

NOTE: The legal owner and his/her authorized representative must sign this form.

Applicant's Signature: _____ Date: _____

Legal Owner's Signature: _____ Date: _____

Name of person representing applicant (if applicable):

Address: _____ Telephone # _____

City: _____ State: _____ Zip Code: _____

I, _____, as owner of the property listed on this application, authorize the above named representative to act on my behalf during any proceedings pertaining to this application.

Legal Owner Signature

Date

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date

In addition to the persons listed above please send copies of all correspondence to:

Name: _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip Code: _____

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