



# 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: \_\_\_\_\_

Front yard setback

Lot Coverage

Rear yard setback

Fencing

Side yard setback

Parking requirements

Lot Area

Signage

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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**VARIANCE HARDSHIP WORKSHEET**

Town of Elsmere Petition Number: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Person(s) Representing the Property Owner: \_\_\_\_\_

Additional page(s) attached

**Applicants, please be aware that the following are the prerequisites to the granting of a variance:**

A variance may be granted when it will not be contrary to the public interest where, owing (due) to special conditions, a literal enforcement of the provisions of the Code of The Town of Elsmere will result in unnecessary and undue hardship.

The term "undue hardship" has a specific legal definition in this context and essentially means that without the requested variance, the applicant will have no reasonable use of the subject property under existing development regulations.

Personal medical reasons shall not be considered as grounds for establishing undue hardship sufficient to qualify an applicant for a variance.

Economic reasons may be considered only in instances where a landowner cannot yield a reasonable use and/or reasonable return under the existing land development regulations. You have the right to consult a private attorney for assistance.

In order to recommend the approval of or authorize any variance from the terms of the code, the Planning Commission or Board of Adjustment must find all of the following factors to exist:

- (1) That special conditions and circumstances exist which are not applicable to other lands, structures or buildings in the applicable zoning classification.

Please explain how this applies:

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- (2) That the special conditions and circumstances do not result from the actions of the applicant.

Please explain how this applies:

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- (3) That granting the variance requested will not confer on the applicant any special privilege that is denied by the provisions of the code to other lands, buildings or structures in the identical zoning classification.

Please explain how this applies:

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- (4) That literal enforcement of the provisions of the code would deprive the applicant of rights commonly enjoyed by other properties in the identical zoning classification under the provisions of the code and will constitute unnecessary and undue hardship on the applicant.

Please explain how this applies:

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- (5) That the variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure:

Please explain how this applies:

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- (6) That the granting of the variance will be in harmony with the general intent and purpose of the code and that such use variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

Please explain how this applies:

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I understand that all of the above conditions apply to the consideration of a variance and that each of these conditions have been discussed with me by the below-signed Code Enforcement Department representative. I am fully aware that it is solely my responsibility to prove that my petition meets all of the aforementioned criteria.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature Code Department Representative: \_\_\_\_\_

Date: \_\_\_\_\_