

SINCE 1889



TOWN OF OCEAN VIEW, DELAWARE
TOWN COUNCIL
APPLICATION FOR A CHANGE OF ZONING

SINCE 1889



Land Use • Permitting • Licensing • Code Enforcement • Public Works

302 539-1208 (office) • 302 537-5306 (fax)

admintov@oceanviewde.com / www.oceanviewde.com

Fee: \$ _____

P- _____

I (We) hereby apply for approval of a change in zoning and certify that all information and documents provided for this application are correct.

Applicant(s) (*Print*): _____ Phone #: (_____) _____

Address: _____

Signature(s): _____ Date: _____
Applicant(s)

Owner(s) of Record (*Print*): _____ Phone #: (_____) _____

Address: _____

Signature(s): _____ Date: _____
(Property Owner(s))

All required documentation shall be submitted to the Administrative Official by the 15th day of the month prior to the month in which the request will be presented to the Town Council.

TOWN USE ONLY: *Administrative Official Signature:* _____

Location: _____	PIDN: _____ . _____
CTM#: _____	Current Zoning: _____ Proposed Zoning: _____
Proposed Use: _____	Number of Lots Included in Request: _____
Total Area: _____ SF/Acres	Total Street Frontage: _____ LF / Miles

TOWN USE ONLY:

TOWN COUNCIL AND PLANNING AND ZONING COMMISSION REVIEWS AND ACTIONS	
INTRODUCTION OF ORDINANCE # _____	ON: _____ BY: _____
PLANNING AND ZONING COMMISSION REVIEW: _____	RECOMMENDATION: _____
FIRST READING OF ORDINANCE # _____	ON: _____ ADVERTISED: _____
SECOND READING OF ORDINANCE # _____	ON: _____ ADVERTISED: _____
APPROVED: _____ DENIED: _____	DATE: _____
<i>MAYOR</i>	