

TOWN OF GREENWOOD
100 WEST MARKET STREET
P.O. BOX 216
GREENWOOD, DE 19950
302-349-4534
302-349-9332 FAX

FEE _____

APPLICATION FOR ZONING CHANGE

Current Property Owner Information:

Current Owner Name(s)/Applicant(s):

Mailing Address:

Phone Number: _____

Email Address: _____

Contact Person: _____

Property Information:

Sussex County Tax Map/Parcel Number: _____

Property Location: _____

Total Lot Area: Sq. Ft. _____ Acres _____

Current Zoning District: _____

Proposed Zoning: _____

Current Property Use: _____

Proposed Property Use: _____

Re-zoning is requested for the following reasons:

1. _____
2. _____
3. _____

I (We) hereby apply to the TOWN OF GREENWOOD, for a zoning change on the property described above. I (We) certify that all the information and attached documentation provided by me in this application is correct and I (We) further understand that a Public Hearing will not be scheduled until this application is complete as determined by the Greenwood Administrative Official.

Current Owner/Applicant

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