

TOWN OF GREENWOOD
100 W. MARKET ST
PO BOX 216
GREENWOOD DE. 19950
PH. 302-349-4534
FAX: 302-349-9332

FEE \$350.00

APPLICATION FOR CONDITIONAL USE

CURRENT PARCEL OWNER NAME(S)

CURRENT APPLICANT NAME(S) (IF DIFFERENT FROM OWNER):

MAILING ADDRESS:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PRIMARY CONTACT PERSON: _____

PROPERTY INFORMATION:

SUSSEX COUNTY TAX MAP/PARCEL NUMBER _____

PROPERTY ADDRESS: _____

CURRENT ZONING DISTRICT: _____

CURRENT PROPERTY USE(S): _____

BRIEFLY DESCRIBE PROPOSED USE(S)(LIST ALL) _____

REQUIRED INFORMATION BY PROPERTY OWNER:

1. Completed Application and Fee. Application **MUST** be signed by the Owner of record.
2. Please attach lists of any conditions **REQUESTED** by the applicant (e.g. parking issues, storage of materials). Applicant requests will be considered, but are not guaranteed. Council will ultimately determine all applicable conditions if the CU is granted.
3. Copy of the Deed
4. A preliminary drawing or site plan depicting the proposed use(s) and location(s). Additional information may be required by the Town if necessary for determination of the Conditional Use Application.

I(We) hereby apply to the Town of Greenwood, for a Conditional Use on the property described above. I (We) certify that 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 TOWN OF GREENWOOD Administrative Official.

Current Owner/Applicant

Current Owner/Applicant

Current Owner/Applicant

Current Owner/Applicant

FOR TOWN USE ONLY

Planning Commission Review Date: _____

Planning Commission Recommendation: _____

Council Action

Approved/Date: _____

Mayor

Denied/Date: _____

Mayor