



Town of Bellefonte Zoning Review Application  
 Town of Bellefonte, 901A Rosedale Avenue, Bellefonte, DE 19809  
 Phone: 302-761-9638

Application No.:
B _____

Parcel Number: \_\_\_\_\_ . \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Are you representing another party in this matter:  Yes  No

If yes, please provide name, address and phone number of property owner:

\_\_\_\_\_

\_\_\_\_\_

Is this project:  Residential  Commercial  Mixed  
 New construction  Expansion/Rehabilitation

Address of property to be approved: \_\_\_\_\_

Do you or the property owner own other property in the Town of Bellefonte?  Yes  No

Scope of Work: _____
_____
_____

I would like to be present for the review of this application:  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is for ZONING REVIEW APPROVAL ONLY. Construction permits are issued by the New Castle County Department of Land Use. Meetings of the Bellefonte Zoning Review Board are open to the public and are held every Monday, 7 pm, at Bellefonte Town Hall. (If a Federal/State holiday falls on Monday, the ZRB meeting is held Tuesday). Meetings are only held WHEN AN APPLICATION IS RECEIVED. Do NOT BRING APPLICATION to ZRB Meeting without pre-scheduling.

**Please return this application along with drawings (if applicable) of your proposed improvement to: 901A Rosedale Avenue, Bellefonte DE 19809. If sending via UPS or Fedex, DO NOT SEND packages with signature required - Town Hall is not staffed. Town Hall regular business hours are: Second Monday of each month, 7 - 9 pm.**

For ZRB Use:	Initials:	Approved:
Zoning: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> MX-1 <input type="checkbox"/> MX-2	Reviewed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxes Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning/Usage	Reviewed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dimensional (% of parcel used/Setbacks)	Reviewed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking requirements (if applicable)	Reviewed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Permit application approved subject to the following conditions/additional submittals:		
_____		
_____		
_____		
Approved: _____	Date: _____	
ZRB Chair/Acting chair		