



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

Application No.:
 B _____

Parcel Number: _____
 Delaware Contractor's License No. _____
 Applicant Name: _____ Date: _____
 Mailing Address: _____
 Day Phone: _____ Cell Phone: _____ E-Mail _____

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		