



Town of Smyrna
APPLICATION FOR CONDITIONAL USE

**Any questions please contact Jeremy Rothwell by email
jrothwell@smyrna.delaware.gov or by phone 302-389-2332.**

To: Planning & Zoning Commission Date: _____

To: Mayor & Council Date: _____

Applicant's Name: _____

Address: _____

Telephone Number: _____

Email: _____

Applicant's Signature: _____ Date: _____

IF APPLICANT IS NOT LEGAL OWNER:

Owner's Name: _____

Address: _____

Telephone Number: _____

Owner's Signature: _____ Date: _____

This application for a **CONDITIONAL USE** is submitted in accordance with Section 6.15 of the Zoning Ordinance of the Town of Smyrna.

1) Address of lot location of property subject to this request: _____

2) Tax Map Parcel Number: _____

3) Nature of Proposed Use: _____

4) Zoning of Proposed Site: _____

5) If approved for a "CONDITIONAL USE", will this proposal otherwise be in conformance with the Zoning Ordinance of the Town of Smyrna?

NOTES:

*if review of this application is required by the Town of Smyrna engineer, the applicant is responsible for the incurred costs related to this review.

*Fee is \$500.00

*One (1) plot plan which shows all structures, improvements, metes and bounds and utilities must accompany this application.

*Applicant and/or owner shall attend the public hearings to speak on behalf of the application or the application will be tabled.

-----**FOR OFFICIAL USE ONLY**-----

Application received by: _____ Date: _____

Fee paid: _____ Receipt Number: _____

Public Hearing advertised on: (P&Z) _____ (M&C) _____

Property posted on: (P&Z) _____ (M&C) _____

Abutting Owners notified on: _____