

**REQUEST TO BE ADDED TO
PLANNING AND ZONING COMMISSION AGENDA**

<p>OFFICIAL USE Meeting Date: ____/____/____ Date Request Rec'd ____/____/____ Received By: _____</p>	<p>TYPE OF PLAN REVIEW Concept Plan ____ Preliminary Site Plan ____ Final Plan Approval ____</p>
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ALL REQUEST AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED AT LEAST TWO (2) WEEKS PRIOR TO DATE OF MEETING.

Date: ____/____/____

Contact Name: _____
 Name of Business / Development (if applicable) _____
 Contact Mailing Address: _____
 Email Address: _____
 Telephone Number (O) _____ (C) _____
 Location of Property To Be Discussed: _____
 Map/Parcel: _____ Lot(s) #: _____ Current Zoning Class.: _____

Subject To Be Presented (Must Be In Detail): _____

PRIOR TO THIS REQUEST BEING ADDED TO THE AGENDA, THE FOLLOWING INFORMATION MUST ACCOMPANY THE APPLICATION – SEVEN (7) COPIES ARE REQUIRED

1. Current Certified Site Plan – Must be prepared by Licensed Surveyor
 - A. The Site Plan must show the following (where applicable):
 1. All Existing Structures
 2. Any and All Proposed Construction
 3. Property Lines & Building Setbacks
 4. Dimensions from Proposed Construction to Setback and/or Property Line as Applicable
 5. Existing and/or proposed streets/driveway
 6. Underground Utilities
 7. Signs (if applicable) – Ref: Section 24 of Delmar Zoning Code Regs. – **Property Owner's Approval Required**
2. All applicable Floor Plans and Elevations (Notate applicable height restrictions on elevations)
3. Current Color Photographs or Renditions (As Needed)

ALL QUESTIONS SHOULD BE DIRECTED TO COMMUNITY DEVELOPMENT COORDINATOR (410) 896-2777 OR (302) 846-2664 Ext. 103

STAFF REVIEW

CLERK OF COUNCIL:

1. Collect Fees (If Applicable) _____
2. Submit Applicant Packet to CDC for Staff Review _____
3. Notify Applicant of Agenda Placement _____
4. Include in Mail Packet _____ Distribute Mail Packets _____

(SEE THE BACK FOR ADDITIONAL REVIEW COMMENTS)

CODE ENFORCEMENT OFFICER: Initials: _____ Date: _____

IDENTIFY ALL PERTINENT DOCUMENTATION NECESSARY FOR APPLICANT'S PROJECT REVIEW AND RECOMMENDATION FROM P&Z COMMISSION. IDENTIFY ALL PERTINENT DOCUMENTATION NECESSARY TO ISSUE APPLICANT A PERMIT UPON COUNCIL/COMMISSION FINAL APPROVAL OF THE PROPOSAL.

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|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Any other comments that would be of assistance to the P&Z Commission upon their review:

COMMUNITY DEVELOPMENT COORDINATOR Initials: _____ Date: _____

APPROVED _____ NOT APPROVED: _____ (If not, why?) _____

1. Review the packet for completeness _____
2. Notify Applicant of any missing required or requested documents _____ Note: _____

3. Additional Comments: _____

4. Submit packet to TMGR for Review: _____
5. Return complete Application Packet to Clerk of Council. _____
6. Provide follow-up results of the meeting to Applicant _____ cc Clerk of Council _____ ;
Town Mgr. _____ ; Code Enforcement _____ ; Project File _____

TOWN MANAGER Initials: _____ Date: _____

APPROVED: _____ NOT APPROVED: _____ (If not, why?) _____

1. EDU Capacity Yes: _____ No: _____ N/A _____
2. EDU Allocation: _____ EDU's
3. Public Works Agreement Required: Yes: _____ NO: _____ N/A _____
4. Additional Comments: _____

(Rev. 10/2016)