

Town of Blades Variance Request Application

Owner Information

Name: _____

Address: _____

Phone #: _____

Signature: _____

**Applicant Information
(if not owner)**

Name: _____

Address: _____

Phone #: _____

Signature: _____

Contractor Information (if necessary):

Business Name: _____

Contractors Name: _____

Address: _____

Phone Number: _____

Property Information:

PIDN: _____

Address: _____

Type of Ownership: _____ Private _____ Public

Zoning Setbacks:

Front: _____

Back: _____

Side: _____

Property Dimensions

Frontage: _____

Depth: _____

Total Square Footage: _____

Zone Descriptions:

Base Zones:

_____ Single Family Residential (R-1) _____ One-and-Two Family Residential (R-2) _____ Marine (MAR)

_____ Multi-Family Residential (R-3) _____ Manufactured Home Park (MHP) _____ Industrial (I)

_____ Neighborhood Business (NB) _____ General Business (GB)

Overlay Zones:

_____ Flood Prone (FP) _____ Water-Resource Protection (WRP)

For full Zoning descriptions please go to our website at www.blades.delaware.gov and refer to the Land Use Ordinance; Section 6-1 Establishment of Zoning Districts; page 27-30.

Request Information:

Current Zoning District: _____ Requested Zoning District: _____

Is there a building on the premises: _____ Yes _____ No

Present Use of Premises (dwelling, business, etc.): _____

Please provide the reasoning for the Variance Request and any intended improvements or work to be done:

Please go to our website, www.blades.delaware.gov and refer to our Land Use Ordinance for assistance. Refer to Article 4 for the Administrative Process for Variance and Special Exceptions Requests and the Board of Adjustment hearing process. Refer to Article 7 for the Special Exception Chart and what you will need to provide with your application request and what you will need for the meeting.

I certify that all the information contained in this permit is true and correct. All aspects of the work associated with the planning, pursuit and completion of the project shall be in accordance with the ordinances of the Town of Blades as determined by the appropriate town official(s). **I also understand that I must attach plans or a sketch of the intended improvement(s) in triplicate. I will provide verification documentation of the estimated cost if so requested.** I also certify that any or all damages to any or all property, which occurs as a result of the planning, pursuit and completion of this project, shall be repaired by me and at no cost to the owner of the damaged property.

Signature of Applicant: _____

For Office Use Only:

Date Received: _____ Received by: _____

Date of Next Planning and Zoning Meeting: _____ Approved for Board of Adjustment: _____ Yes _____ No

Date of Board of Adjustment Meeting: _____ Variance Request Granted: _____ Yes _____ No

If denied, please give reason(s): _____

Board of Adjustment Official Signature: _____

Applicable Fees:

Board of Adjustment Fee: \$1000.00 Paid: _____ Yes _____ No Cash/Check Number: _____

Building Permit _____ Building Permit Number: _____ Paid: _____ Yes _____ No Cash/Check Number: _____

Certificate of Occupancy: \$ 50.00 Paid: _____ Yes _____ No Cash/Check Number: _____

Business License Fee: \$ 100.00 Paid: _____ Yes _____ No Cash/Check Number: _____

