

**Town of Blades
Planning and Zoning Agenda Request**

Name: _____

Address: _____

Telephone Number: _____ **Date of Request:** _____

Reason for Request:

Signature of Applicant: _____

Please visit our website at www.blades.delaware.gov and refer to the Land Use Ordinance, Section 4-2 for the Site Plan Approval process; page 17.

Required Documents/Information:

- ____ 3 copies of plans
- ____ Surveyed Plot Plan
- ____ Must receive at least two (2) weeks prior to the Planning and Zoning Meeting

Office Use Only:

Approved for Agenda: ____ Yes ____ No

Planning & Zoning Meeting Date: _____

Fees:

New Construction (Site Plan Review): \$ 250.00

Sub-Division Concept: \$ 500.00

Variance/Rezoning: \$1000.00