

Zoning Compliance Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709
Phone: (302) 378-5670
Fax: 302-378-5672
www.middletown.delaware.gov

Please PRINT CLEARLY. Allow a minimum of two (2) weeks for response.

APPLICANT

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City, State: _____	Fax #: _____
Zip Code: _____	Email: _____
Applicant's Signature: _____	

PROPERTY INFORMATION

Parcel Number: _____	Zoning: _____
Street Address: _____	Lot #: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone #: _____
City, State & Zip: _____	Cell #: _____

PROPOSED BUSINESS OWNER'S INFORMATION

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City & State: _____	Fax #: _____
Zip Code: _____	Email: _____
Proposed Business Owner's Signature: _____	

TO BE COMPLETED ON PROPOSED BUSINESS

Proposed Business Name: _____	No. of Employees: _____
Address of Proposed Business: _____	
Name of Shopping Center: _____	Zoning District: _____
Square Footage of Building or Space to be Used: _____	
Proposed Parking Location and Number of Spaces: _____	
Detailed Description of Business: _____	

TO BE COMPLETED BY TOWN OF MIDDLETOWN

_____ Use Approved	_____ Needs Conditional Use Approval
_____ O.K. to issue Building/Fit-Out Permit	_____ Variance(s) Required
Comments: _____	

Date: _____

Town of Middletown

NOTE: This approval only verifies Zoning Compliance. Additional approvals such as Parking, Division of Public Health, Fire Marshal, State Licensing, etc. may be required.

Original Sent to Zoning On: _____

Permit Clerk's Initials: _____

REV: 11-07-22