

Zoning Compliance Application



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

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

Applicant: _____ Date: _____

Address: _____

Phone No.(s): _____ Cell Phone: _____ Fax No.: _____

E-Mail Address: _____

Proposed Business (Name): _____ No. of Employees: _____

Address of Proposed Business: _____

Tax Parcel No.: _____

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: _____

Signature of Applicant

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.