

TOWN OF FREDERICA REVIEW APPLICATION

Request To Review	Check One Application	# of Complete Applications	Notes:
Annexation Request		5	
Category B Plan Review		5	
Conceptual Category A Plan Review		5	
Conceptual Subdivision Review		5	
Final Category A Plan Review		5	
Final Subdivision		5	
Conceptual Use		5	
Preliminary Subdivision		5	
Board of Adjustment (Exception/Variance)		5	
Rezoning Request		5	

Property Information	Please Type or Legibly Print the Information Below:
Kent County Tax Map/Parcel	
Project Location	
Property Size/Dimension	
Project Title/Name	
Current Zoning District	
Proposed Zoning (If Applicable)	
Current Property Use	
Proposed Property Use	
Designated Primary Contact Name	

Engineer/Survey Information	Please Type or Legibly Print the Information Below:
Company Name	
Contact Person	
Phone Number	
Fax Number	
E-Mail Address	
Mailing Address	
City, State, Zip Code	

Current Property Owner Information	Please Type or Legibly Print the Information Below:		
Current Owner Name			
Contact Person			
Phone Number			
E-Mail Address			
Fax Number			
Mailing Address			
City, State, Zip Code			

Developer Information	Please Type or Legibly Print the Information Below:		
Company Name			
Contact Person			
Phone Number			
Fax Number			
E-Mail Address			
Mailing Address			
City, State, Zip Code			

Please Read the Following and Certify:

1. - I understand that the designated primary contact on this project will receive all meeting information, correspondence and will be billed for the professional services rendered from the City Engineer, City Planner, and/or the City Solicitor as required for my application.
2. - I, the undersigned, hereby certify that I have supplied all the information listed on this for and that statements contained in any papers or plans submitted as part of this application are true and correct.
3. - I also certify that this project was designed in accordance with the plan requirements, the Comprehensive Plan, Zoning Code, and Construction Design Standards for the City.
4. - I further certify that I or an agent on my behalf will attend all public hearings/meetings necessary for this application, and that I will answer any questions to the best of my ability to respond to the present and future needs, the health, safety, morals, convenience, order, prosperity, and general welfare of the inhabitants of Frederica.
5. - I understand that any incomplete applications will not move forward in the review process; however, I will be notified in writing after a thorough review has been complete by the City Staff and Consultants.
6. - It is understood that The Town of Frederica staff possesses all applications in the order in which they were received. Each application will follow the process after eligibility and the appropriate reviews have been completed. The designated primary contact will receive written comments every review.

Signature of Primary Contact	
Signature of Developer	
Signature of All Current Property Owners	
Signature of All Current Property Owners	
Submittal Date to the City	

CITY STAFF TO COMPLETE AREA BELOW	
Date Application Was Received	
Application Was Received By	
Application Fee Amount Collected	
Method of Payment	