

Zoning Reclassification Request Form

Parcel Identification: \_\_\_\_\_  
(Tax Map No.)

Deed Reference: Vol. \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Size of Parcel (in acres): \_\_\_\_\_

Owner of Record: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_

Applicant: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Rezoning Fees:

Residential	\$250. + \$10. per acre
Multi-family	\$250. + \$30. per acre
Commercial/ Institutional	\$250. + \$50. per acre

**OWNER CERTIFICATION:**

I / We the undersigned hereby confirm that I / We own the property described above and desire zoning reclassification as described hereon. I / We understand that DELDOT, Division of Highways needs this information to conduct a preliminary traffic analysis to be sent to the County Planning Office for review prior to my / our formal application for rezoning. I / We further understand that should DELDOT's preliminary traffic analysis determine that a Traffic Impact Study should be conducted; such a study shall be conducted, at my / our expense, prior to formal application for rezoning.

Signature of Legal Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**STAFF VERIFICATION:**

I verify that the above information is correct and accurate to the best of my Knowledge based on current County records and information supplied by requester.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Applicant shall be aware that this form is use by DELDOT, Division of Highways for the processing of preliminary traffic analyses and that this does not constitute a permit for the proposed use stated hereon nor does it represent formal application for zoning reclassification.