

Zoning Compliance Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709
PHONE: (302) 378-5670
FAX: (302) 378-5672
www.middletownde.org

*(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: _____	No. of Employees: _____
<u>Address of Proposed Business:</u> _____	
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.