



Town of Georgetown Review Application

All submittals to include the number of copies shown below of the Review Application, Plans/Prints and any other supportive documentation that may be required with the appropriate fee as per Town Code, Chapter 98. Please note the number of copies listed below are for review purposes. Additional copies will be required prior to Planning Commission review or final signatures.

Check Type of Review Requested	Paper Copies	PDF/CD
Category II Plan Review	2	2
Category I Site Plan - Preliminary	2	2
Category I Site Plan - Final	2	2
Conditional Use	2	2
Historic Review	2	1
Subdivision/RPC Review - Conceptual	2	2
Subdivision/RPC Review - Preliminary	2	2
Subdivision/RPC Review - Final	2	2
Utility Review	2	1
Zoning Amendment	2	2
Other:		

Property Information	
Sussex 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:	

Current Property Owner Information	
Current Owner Name:	
Phone Number:	
Fax Number:	
Email Address:	
Mailing Address:	
City, State, Zip Code:	

Engineer / Surveyor Information	
Company Name:	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	
Mailing Address:	
City, State, Zip Code:	

Applicant/Developer Information	
Company Name:	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	
Mailing Address:	
City, State, Zip Code:	

Designated Primary Contact	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	
Mailing Address:	
City, State, Zip Code:	

Please read and certify the following:

1. I have supplied all the information listed on this form and that statements contained in any papers or plans submitted as part of this application are true and correct.
2. This project was designed in accordance with the plan requirements in the Comprehensive Plan, Zoning Code, Design Standards as well as the Construction Standards for the Town of Georgetown.
3. I, or an agent on my behalf, will attend all public hearings/meetings necessary for this project in order to answer any questions to the best of my ability in respect to the present and future needs, health, safety, morals, convenience, order, prosperity and general welfare of the inhabitants of Georgetown.
4. I understand that any incomplete applications will not move forward in the review process and I will be notified in writing after a thorough review has been completed by the Planning Department.
5. It is understood that the Planning Department processes all applications in the order in which they were received. Each application will continue in the process once eligibility and the appropriate reviews have been completed.
6. I understand that only the designated primary contact listed on this application will receive any and all review comments, meeting information and correspondence to and from the Town of Georgetown.
7. I understand that the Applicant/Developer will be billed for the professional services rendered from the Town Engineer and/or the Town Solicitor, as required for my application, unless I notify the Town Planning Department in writing advising otherwise.

Signatures	
Applicant/Developer	
Designated Primary Contact	
All Current Property Owners	
Parcel -	
Parcel -	
Parcel -	

OFFICE USE ONLY	
Date Received: _____	Received by: _____ Amount: \$ _____ Cash/Check #: _____

Submit all requests to the Planning Department, 37 The Circle, Georgetown DE 19947
 Phone: (302)856-7391 Fax: (302)856-6348