NEW CASTLE COUNTY
BOARD OF LICENSE, INSPECTION & REVIEW

APPLICATION FOR HEARING

I.

_____ _____
Applicant Name Legal Owner Name

_____ _____
Applicant Address Legal Owner Address

_____ _____

Subject
Property:_____/_____
Location/Address Zoning Classification

_____/_____
*Tax Parcel Number **Hundred
(Found on Property Tax Bill or call County Assessment at 395-5400) (Appoquinimink, Blackbird, Brandywine, Christiana, Mill Creek, New Castle, Pencader, Red Lion, St. Georges, White Clay Creek)

II.

PLACE CHECK MARKS ON THE APPROPRIATE LINES AND FILL IN REQUIRED INFORMATION:

Has a previous application for this property been filed with the Board? ___No; ___Yes- App. No.:_____
Previous Hearing Date_____.
Has a previous application for this property been appealed to the Superior Court? ___No; ___Yes. If yes, give status._____.

[ ] Attached is a copy of document(s) relevant to the subject of the appeal.
[ ] Attached is the appropriate filing fee ($500.00) made payable to NEW CASTLE COUNTY.
[ ] This application was filed on _____, within the required time.

III.

CHECK THE APPROPRIATE SECTION BELOW AND FILL IN THE REQUIRED INFORMATION PERTAINING TO THE TYPE OF RELIEF REQUESTED.

[ ] Appeal from administrative decision by _____ dated

_____, regarding _____ for the following

reasons: _____

_____

_____

[ ] Seek interpretation of the New Castle County Code pertaining to Section _____, because

_____

_____

_____.

[ ] Seek extension of time within which to comply with _____,

because _____

_____.

[ ] Seek some form of relief other than that set forth above:_____

_____

State reasons for this request:

_____

_____

_____

IV.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE LEGAL OWNER OF THE SUBJECT PROPERTY IS AWARE OF AND AGREES TO THE FILING OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT. (If the applicant is not the legal owner of the property, the legal owner or his authorized representative must sign this form.)

_____ _____

Applicant's Signature Date Applicant's Name (PLEASE PRINT)

Telephone Number:_____

_____, THE LEGAL OWNER OF THE SUBJECT PROPERTY, HEREBY CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS CORRECT AND AGREES TO BE BOUND BY ANY DECISION OF THE BOARD OF LICENSE, INSPECTION & REVIEW WITH RESPECT TO THE SUBJECT PROPERTY.

_____ _____

Legal Owner's Signature Date Legal Owner's Name (PLEASE PRINT)

Telephone Number:_____

*If necessary, an additional sheet may be added to this application form.