

DEPARTMENT OF LAND USE
New Castle County Government Center
87 Reads Way
New Castle, DE 19720
302-395-5400



**APPLICATION FOR
ADMINISTRATIVE VARIANCE**

Application Number _____

Fee Received/Check No. _____

APPLICANT

LEGAL OWNER

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Phone (____) _____ Phone (____) _____

Subject Property Location _____
Address _____ City/State _____ Zip Code _____

Tax Parcel Number _____ Council District _____ Zoning Classification _____

Hundred (select one) ? Christiana ? New Castle ? Mill Creek ? Blackbird ? White Clay Creek
? Brandywine ? Red Lion ? Pencader ? St. Georges ? Appoquinimink

Variance request related to: Lot Area Lot Width Setback Yard

State requested variance: _____

- Attach a copy of the plot plan for the subject property showing the layout of structures of the lot, the location of the subject property, and the size and location of any structures proposed.
- Provide verification from the County Department of Finance proving that county and school taxes have been paid on subject property
- Attach the \$50.00 filing fee, payable to New Castle County.

In addition to the persons listed above, copies of all correspondence should be sent to:

Name & Address _____ (____) _____
Phone _____

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 information contained herein is correct. (If the applicant is not the legal owner of this property, the legal owner or his authorized representative must sign this form.)

Applicant's Name (Please Print)

Applicant's Signature _____ Date _____

The Legal Owner of the subject property, hereby certifies and applies for an Administrative Variance from the requirements of the Unified Development Code of New Castle County, Delaware, and that the preceding information is full, complete, and accurate to the best of my knowledge.

Legal Owner's Name(s) (Please Print)

Legal Owner's Signature(s) _____ Date _____

For Department Use Only

Application Reviewed by: _____

Date: _____

Variance: ? Granted ? Denied

Date _____