

# Zoning Compliance Application



The Mayor & Council of Middletown  
 19 West Green Street  
 Middletown, DE 19709  
 Phone: (302) 378-5670  
 Fax: 302-378-5672  
[www.middletown.delaware.gov](http://www.middletown.delaware.gov)

**Please PRINT CLEARLY. Allow a minimum of two (2) weeks for response.**

<b>APPLICANT</b>	
Name: _____	Phone #: _____
Address: _____	Cell #: _____
City, State: _____	Fax #: _____
Zip Code: _____	Email: _____
<b>Applicant's Signature:</b> _____	
<b>PROPERTY INFORMATION</b>	
Parcel Number: _____	Zoning: _____
Street Address: _____	Lot #: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone #: _____
City, State & Zip: _____	Cell #: _____
<b>PROPOSED BUSINESS OWNER'S INFORMATION</b>	
Name: _____	Phone #: _____
Address: _____	Cell #: _____
City & State: _____	Fax #: _____
Zip Code: _____	Email: _____
<b>Proposed Business Owner's Signature:</b> _____	
<b>TO BE COMPLETED ON PROPOSED BUSINESS</b>	
Proposed Business Name: _____	No. of Employees: _____
Address of Proposed Business: _____	
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: _____	
_____	
_____	
<b>TO BE COMPLETED BY TOWN OF MIDDLETOWN</b>	
<input type="checkbox"/> Use Approved	<input type="checkbox"/> Needs Conditional Use Approval
<input type="checkbox"/> O.K. to issue Building/Fit-Out Permit	<input type="checkbox"/> 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.

Original Sent to Zoning On: \_\_\_\_\_

Permit Clerk's Initials: \_\_\_\_\_

REV: 11-07-22