

 *Frankford Town Council* 

5 Main St., P.O. Box 550  
Frankford, Delaware 19945  
(302) 732-9424

Fee Amount \_\_\_\_\_  
Date Fee Paid \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**APPLICATION FOR CONDITIONAL USE FOR THE TOWN OF FRANKFORD**

Date \_\_\_\_\_

**Applicant/Current Property Owner Information**

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Current Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Property Information**

Sussex County Tax Map/Parcel Number \_\_\_\_\_

Property Location \_\_\_\_\_

Total Lot Area \_\_\_\_\_ Sq. Ft.      Acres \_\_\_\_\_

Present Zoning Classification \_\_\_\_\_

Briefly Describe Current Property Use \_\_\_\_\_

\_\_\_\_\_

Briefly Describe Proposed Conditional Use \_\_\_\_\_

\_\_\_\_\_

**Required Information & Records**

One (1) copy of a recent survey by a licensed surveyor or a site plan.

**Fees**

Application Fee           \$500.00  
Escrow Amount           \$500.00 for advertising fees and professional fees incurred by the Town

I certify all information and attached documentation provided in this application is correct and I further understand that a review by the Planning Commission will not be scheduled until this application is complete as determined by the Frankford Administrative Official.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Current Owner Signature

\_\_\_\_\_  
Date