

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

**APPLICATION FOR REZONING 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 \_\_\_\_\_

Proposed Zoning Classification \_\_\_\_\_

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

\_\_\_\_\_

Briefly Describe Proposed Property Use \_\_\_\_\_

\_\_\_\_\_

Rezoning is being requested for the following reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Information & Records**

1. \_\_\_\_ copies of the plat plan.
2. If you are not the recorded owner of the property, a signed letter of authorization by the owner should be notarized and submitted with the application.

**Fees**

Application Fee	\$500.00
Escrow Amount	\$2,000.00 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

\_\_\_\_\_  
Administrative Official