

CITY OF NEW CASTLE BOARD OF ADJUSTMENT APPLICATION FOR HEARING

Name of Applicant	Name of Owner (if different)	
Address	Address	
Subject property: Location/Address	/Zoning Classification	
Location/Address	Zoning Classification	
Tax parcel Number:	Office of 222 0004)	
(found on Property Tax Bill or by calling City Tax	Office at 322-9804)	
	y showing the layout of structures or improvements on size and location of any structures proposed; include	
Attach a copy of any Deed Restrictions which may	y apply to the subject property.	
Attach the appropriate filing fee, payable to the C current fee schedule may be obtained by calling t	ity of New Castle, as shown on the fee schedule. (the he Mayor's Office at 322-9801.)	
Has a previous application for this property for ar	ny action been filed with the Board?	
	, Hearing Date	
Has any prior action of the Board of Adjustment for	or this property been appealed to the Superior Court?	
Yes □ No □		
If yes, give Superior Court case number and statu	ls:	
CHECK THE APPROPRIATE SECTION AND FILL IN TYPE OF RELIEF REQUESTED (USE ADDITIONAL	NTHE REQUIRED INFORMATION PERTAINING TO THE . SHEETS AS NECESSARY)	
A. \square Appeal from Administrative Official's o	rder, requirement, decision or determination, or	
☐ Appeal from Historic Area Commission (summarize or attach written decision)	a's order, requirement, decision or determination	
Dated: For the follow	ing reasons (attach additional sheets as necessary.)	
B. Special Exception for the following use:		

State under what section of the City's ordinance this special exception is sought and the grounds on which it is requested. Include a plan for the proposed development showing location of buildings, parking areas, traffic access, open spaces and any other pertinent information necessary to determine if the proposal meets the City's Zoning Ordinance requirements. (Requests for Special Exception must be endorsed by the Planning Commission and/or the Historic Area Commission as appropriate. Letter(s) of endorsement must accompany this application at the time of filing this request to the Board of Adjustment

for consideration.) (Attach additional sheets as necessary.)	
	ublic hearing in support of the following standards: (a) that ; (b) that the use will not be detrimental or injurious to the standards imposed by the Zoning Code.
C. U Variance from Code requirements relat	ing to: Lot Area $\ \square\ $; Front Setback $\ \square\ $;
Side Yard \square ; Rear Yard \square ; Bulk \square additional sheets as necessary.)	State size of the variance being requested: (Attach
building involved and which are not applicable district; (2) that literal interpretation of the pro of rights commonly enjoyed by other prop conditions/circumstances do not result from variance requested will not confer on you	mstances exist which are peculiar to the land, structure or e to other lands, structures or buildings in the same zoning visions of the City's Ordinance would deprive the applicant erties in the same zoning district; (3) that the special actions of the owner or applicant; (4) that granting the any special privilege that is denied by the City Zoning in the same zoning district. (Attach additional sheets as
necessary.)	
(a) the dimensional change being requested is neighboring properties; and (c) the harm to the be prepared to present testimony and other extracture or use. State under what section of the requested. Include a plan for the proposed distraffic access, open spaces and any other nonconforming uses must be endorsed by the as appropriate. Letter(s) of endorsement missing the requested of the requested of the proposed distraffic access.	g its determination with respect to this variance request are; a minimal; (b) the effect of granting the requested relief upon the applicant if the relief is not granted. The applicant must widence on these points to the Board at the public hearing. Iting in an enlargement or extension of a nonconforming the Code approval is sought and the grounds on which it is evelopment showing location of buildings, parking areas, repertinent information. (Requests for enlargement of Planning Commission and/or the Historic Area Commission ust accompany this application at the time of filing this possideration.) (Attach additional sheets as necessary.)
	AT AS LEGAL OWNER OF THE SUBJECT PROPERTY THE ECT. (If the applicant is not the legal owner of the property ive must sign this form).
	Date:
Signature of Owner	Telephone Number
BOARD OF ADJUSTMENT USE ONLY:	
File Number	MAILING ADDRESS
Date Application Received	Board of Adjustment
	City of New Castle
Date Fee Paid Date Notice Published	220 Delaware Street
Date of Hearing	New Castle, Delaware 19720
Disposition	Phone - 322-9801 FAX - 322-9814