City of New Castle
220 Delaware Street
New Castle, Delaware 19720

APPLICANT: ____________________________

OWNER: ____________________________

TELEPHONE: ____________________________

TAX PARCEL #: ____________________________

APPLICANT IS:

☐ REAL OWNER
☐ AGENT OF OWNER
☐ DEVELOPER
☐ EQUITABLE OWNER

EXISTING ZONING IS:

PROPOSED ZONING IS:

NAME OF SUBDIVISION (IF APPROPRIATE):

__________________________________________________________________________

__________________________________________

SUBDIVISION ACREAGE

Lots
Streets
Parkland
Other
Total Gross

LAND DEVELOPMENT ACREAGE

Building Cover ________
Streets
Parking/Loading ________

UTILITY EASEMENT OR RT OF WAY

Linear Ft/Miles ________ Width
Type of Utility ________

Acreage of Adjoining Land in Same Ownership (if any)

Purpose of Plan:

__________________________________________________________________________

__________________________________________________________________________

Signature of Owner or Applicant

Date

For City Use Only:

Pre-application checklist:

☐ Location Map
☐ Additional description (if needed)

☐ Sent to Planning Commission
☐ Reply to Applicant

Conditional Approval Checklist:

☐ Preliminary Plat
☐ Construction plans

☐ Received by Building Official
☐ Scheduled date for Planning Commission
☐ Conditional approval by Planning

Final Approval Checklist:

☐ Final Plat

☐ Extension issued by Building Official Performance Bond:

Company: ____________________________
Amount: ____________________________

Historic Area Commission Approval
☐ Approved Date ________
☐ Not Approved

Major Subdivision:

Passed by City Council
Ordnance Number ________

Minor Subdivision:

Approved by City Council
Resolution Number ________
Final Plats filed with County

Fees: Filing Review Appeal
Amount Date Paid Check Number

Amount: ____________________________