



Kent County
Department of Planning Services
Division of Planning

SARAH E. KEIFER, AICP
Director of Planning Services

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Assistant Director of Planning Services

ZONING DISTRICT VERIFICATION REQUEST FORM

This application must be submitted with a processing fee of \$20.00 payable to Kent County Levy Court.

1. Date submitted: _____

INDIVIDUAL REQUESTING THIS VERIFICATION:

2. Name: _____
First MI Last

3. Address: _____

City ST Zip

4. Daytime Telephone Number: (_____) _____ - _____

PROPERTY INFORMATION:

5. Map #: _____

6. Property Address: _____

City Kent County DE
County ST Zip

7. Property Owner's Name: _____

8. Property Owner's Address: _____

City ST Zip

A Certificate of Use is required prior to the commencement of operation. Please contact the Kent County Department of Planning Services at (302)744-2471 to verify any proposed land use(s) within the above referenced parcel and any applicable conditions.

By signing below, I certify that the information provided on this Zoning District Verification Request Form is true and accurate.

Signature

Date