

TOWN OF MILLV

36404 Club House Road, Millville, DE 19967

TEL (302) 539-0449 FAX (302) 539-0879

www.millville.delaware.gov

DATE RECI _____

APPLICATION REVIEW FEE: • _____

ESCROW FEE: _____



○ • _____

SITE PLAN APPROVAL APPLICATION

O Check if this application is a REVISION to the original site plan

PROPOSED PROPERTY OWNER INFORMATION			
NAME	Coastal Real Estate Holdings, LLC		
MAILING ADDRESS	18947 John J. Williams Hwy, Suite 309 Rehoboth Beach, DE 19971		
TELEPHONE		EMAIL	
CONTACT PERSON & TITLE	Jeffrey A. Clark, RLA Land Tech Land Planning, LLC		
TELEPHONE	302-539-2366	EMAIL	jeffc@landtechllc.com
PROPERTY INFORMATION			
TAX MAP PARCEL #	134-12.00-343.00		
PROPERTY LOCATION	35162 Atlantic Ave. SE intersection of Atlantic Ave. & Warren Road		
CURRENT ZONING DISTRICT	C-1 - Commercial District		
CURRENT PROPERTY USE	Vacant		
BRIEFLY DESCRIBE PROPOSED SITE PLAN REVISIONS	Proposed Pediatric Dentistry		

NOTE:

1. Three (3) copies of 24x36" proposed plans are REQUIRED to be included with application and survey. Plans must contain information as required in Town Code 5 155-66(E).
2. Payment of the application review fee and escrow must be submitted. Per the Town Fee Schedule, the site plan review fee for structures 7,500 sq. ft. & under is \$500.00 and the escrow requirement fee is \$1,500.00; for structures above 7,500 sq. ft., the review cost is \$750.00 and the escrow requirement fee is \$2,500.00.

3. Additional professional fees shall be charged to applicant to cover Professional Engineer and Legal fees. The final site plan will not be approved by the Town Council should any fees remain outstanding. The Town Council shall authorize and require the recording of the final plan in the Sussex County Recorder of Deeds

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office within 90 days. The applicant must provide proof of recordation e Town. If the final site plan is not filed within this period, the approval shall expire.

4. PLEASE NOTE ALL CORRESPONDENCE OVER ESCROW ISSUES WILL BE VIA EMAIL.

I/We hereby apply to the Town of Millville for a Site Plan Approval on the property described above and certify that all the information and attached documentation provided by me in this application is correct.

Armedica *Rico* *6-29-2022*

urrent Owner/Applicant

Signature

Date

TOWN COUNCIL USE ONLY

APPROVAL DATE: _____

DENIED DATE: _____

BY: _____ Mayor

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