

DATE RECIEVED: 918 23
APPLICATION REVIEW FEE: 450000

## SITE PLAN APPLICATION Check if this application is a REVISION to the original site plan

PROPOSED PROPERTY OW	VNER INFORMATION		
NAME(S)	Foot Fixers, LLC		
MAILING ADDRESS	543 N. Shipley Street, Seaford, DE 19973		
TELEPHONE	443-359-0535	EMAIL	brad2123@comcast.net
APPLICANT NAME(S)	Dr. Brad Lemon	EMAIL	brad2123@comcast.net
CONTACT PERSON & TITLE	Dr. Brad Lemon, Owner		
TELEPHONE	443-359-0535	EMAIL	brad2123@comast.net
PROPERTY INFORMATION			
TAX MAP PARCEL#	134-12.00-342.00		
PROPERTY LOCATION	Property is located at the intersection of Warren Road and SR26, Atlantic Avenue		
CURRENT ZONING DISTRICT	C-1		
CURRENT PROPERTY USE	Vacant		
BRIEFLY DESCRIBE PROPOSED SITE PLAN REVISIONS	The purpose of the site plan is to show a proposed 5,304+/- S.F. medical building with associated improvements.		

## NOTE:

- 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 § 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

office within 90 days. The applicant must provide proof of recordation to the 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 illville for a Site Pl that all the information and attached documentation p	lan Approval on the property described above and certify provided by me in this application is correct.
M Brilly Com	
Current Owner/Applicant Signature	Date
TOWN COUNCIL USE ONLY	
APPROVAL DATE:	DENIED DATE:
ВҮ:	, Mayor