

DATE RECIEVED: 8-15-25

APPLICATION REVIEW FEE: \$500 -

## SITE PLAN APPLICATION

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

PROPOSED PROPERTY OWNER INFORMATION			
NAME(S)	BEEBE MEDICAL CENTER, INIC (c/o-BRUCE LESUME, ESQ.)		
MAILING ADDRESS	931 SAVANNAH RD, BLDG C, LEWES, DE 19958		
TELEPHONE	302-645-3465 EMAIL Bleshine Dteebehealthcare.o		
APPLICANT NAME(S)	VISTA DESIGN, INC. EMAIL rpolk Dvistadesignine.com		
CONTACT PERSON & TITLE	Richard F. Polk, P.E (Principal)		
TELEPHONE	410-352-3874 EMAIL rpolk Dvistadesignine.com		
PROPERTY INFORMATION	Control of the Contro		
TAX MAP PARCEL #	1-34-12- PARCEL 281.01		
PROPERTY LOCATION	Northerst of intersection of Rt. 26 & Doc's Place		
CURRENT ZONING DISTRICT	C-2		
CURRENT PROPERTY USE	Medical Center		
BRIEFLY DESCRIBE PROPOSED SITE PLAN REVISIONS	Add 14 parking spaces		

## 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 § 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 of Millville for a Site Plan A	Approval on the property described above and certify
that all the information and attached documentation prov	vided by me in this application is correct.
Halle	8/15/25
Current Owner/Applicant Signature	Date
TOWN COUNCIL USE ONLY	
APPROVAL DATE:	DENIED DATE:
BY:	, Mayor