



**Petition for Conditional Use**

To: Town Council  
P.O. Box 1130  
Clayton, DE 19938

*(Please type or print)*

Property Location: \_\_\_\_\_  
\_\_\_\_\_

Fronting \_\_\_\_\_ feet on the \_\_\_\_\_ side of \_\_\_\_\_  
(street or road) beginning \_\_\_\_\_ feet of \_\_\_\_\_

Name and Address of Legal Owner(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number *(including area code)* \_\_\_\_\_

Name and Address of Equitable Owner(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number *(including area code)* \_\_\_\_\_

Name and Address of Lessee / Attorney / Engineer / Other  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number *(including area code)* \_\_\_\_\_

Present Zoning \_\_\_\_\_ Present Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Reason for Request \_\_\_\_\_

Area of Petition \_\_\_\_\_

Area of Adjacent Land in Same Ownership \_\_\_\_\_

Has this petition ever been a part of a previous zoning petition? \_\_\_\_Yes \_\_\_\_No

If so, include petition number Z-\_\_\_\_\_

Existing Sanitary Facilities \_\_\_\_\_

Proposed Sanitary Facilities \_\_\_\_\_

Existing Water Supply \_\_\_\_\_

Proposed Water Supply \_\_\_\_\_

Also attached is the following information \_\_\_\_\_

\_\_\_\_\_

I / we hereby certify that the above information and any attached information is true and correct to the best of my / our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant indicate interest in property \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Owner  
*(If not applicant)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Owner  
*(If not applicant)*

\_\_\_\_\_  
Date

Fee **\$100.00** Payable to the **“Town of Clayton”**

*(If more space is needed, use the back of this form with each item of information labeled to correspond with the above items).*

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*(Do not Write Below)*

Date of Planning Commission Meeting \_\_\_\_\_

Action Taken \_\_\_\_\_

Date of Town Council Meeting \_\_\_\_\_

Action Taken \_\_\_\_\_

Petition Number \_\_\_\_\_