



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).

(Do not Write Below)

Date of Planning Commission Meeting _____

Action Taken _____

Date of Town Council Meeting _____

Action Taken _____

Petition Number _____