

**TOWN OF SELBYVILLE
APPLICATION FOR ANNEXATION**

1. Name of applicant: _____
Mailing Address: _____

Delivery address if different: _____
Phone Number: _____
Fax Number: _____
Email address: _____
Name of contact person/title: _____

2. Name(s), addresses of owners of property (if different from applicant):

3. Tax Map and parcel number(s) and location address of each parcel:

4. Metes and bounds description (to be attached).

5. Recent survey of the property, including identification of that part to be annexed, if not the entire parcel (to be attached).

6. Statement of reasons for annexation and grounds and support thereof.

7. Zoning requested for annexed property and reasons therefor; mixed zoning will require

separate metes and bounds descriptions of each parcel for the requested zoning district.

8. General description of project, including proposed name of project.

9. Payment of fee due: \$ _____

10. A. If any applicant is a partnership, the names and addresses of the individuals composing the partnership including all limited partners. (To be attached).
- B. If any applicant is a corporation, the name and address of each stockholder owning more than ten percent (10%) of the stock of the corporation, the name and address of each officer, and the name and address of each member of the board of directors or other governing body.(To be attached).
- C. If any applicant is a limited liability company, the names and address of the individuals composing the company.(To be attached).

_____(SEAL)
[Applicant's signature by authorized person]

FOR TOWN USE ONLY:

Received by Town Clerk/Building Official: _____ [Date/Time]

Fee received by Town: _____ [Date/Time]