



TOWN OF SELBYVILLE
 1 W Church Street, Selbyville, DE 19975
 TEL (302) 436-8314
 selbyville.delaware.gov

DATE OF APPLICATION _____

MULTIPLE UNIT RENTAL

YOU MUST HAVE TENANT NAME AND PHONE NUMBER FOR EACH RENTAL. ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE ACCEPTED.

HOUSE INFORMATION	
Address: _____	
Manager: _____	Emergency Phone #(s): _____
Number of Apartments: _____	
Total Occupants Allowed: _____	
Square Footage of House: _____	
Apartment # _____	
Baths: _____	Bedrooms: _____
Bedroom Square Footage: _____	# Bedroom Occupants: _____
Tenant Name: _____	Tenant Phone #(s): _____
Apartment # _____	
Baths: _____	Bedrooms: _____
Bedroom Square Footage: _____	# Bedroom Occupants: _____
Tenant Name: _____	Tenant Phone #(s): _____
Apartment # _____	
Baths: _____	Bedrooms: _____
Bedroom Square Footage: _____	# Bedroom Occupants: _____
Tenant Name: _____	Tenant Phone #(s): _____
Apartment # _____	
Baths: _____	Bedrooms: _____
Bedroom Square Footage: _____	# Bedroom Occupants: _____
Tenant Name: _____	Tenant Phone #(s): _____
Apartment # _____	
Baths: _____	Bedrooms: _____
Bedroom Square Footage: _____	# Bedroom Occupants: _____
Tenant Name: _____	Tenant Phone #(s): _____
Are these apartments protected by a smoke detector? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNER INFORMATION	
Name: _____	Phone #(s): _____
Email: _____	
Address: _____	

FEE: \$75.00 PER UNIT

**SEE SECOND PAGE
 SEE FOLLOWING PAGES FOR APARTMENTS & TRAILERS**



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THIS STATEMENT CERTIFIES THAT THE PROPERTY SUBJECT TO THIS REPORT MEETS OR EXCEEDS ALL THE REGULATIONS AND CONDITIONS IMPOSED BY THE LAWS OF THE STATE OF DELAWARE AND THE LAWS, ORDINANCES AND REGULATIONS OF THE TOWN OF SELBYVILLE. I UNDERSTAND THAT ANY FALSE STATEMENTS, NONPAYMENT OF FEES, TAXES AND/OR ASSESSMENTS COULD RESULT IN REVOCATION OR DENIAL OF LICENSE.

I HEREBY SWEAR/AFFIRM THAT THE BUSINESS DOES AT ALL TIMES CONFORM TO ALL REGULATIONS AND REQUIREMENTS UNDER TITLE 4, ALCOHOLIC LIQUORS, OF THE DELAWARE CODE. (IF APPLICABLE)

I HEREBY SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I FURTHER CONSENT TO INSPECTION OF THE PREMISES BY THE MAYOR AND COUNCIL OF THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

SIGNATURE OF OWNER

PRINT NAME

DATE

IT SHALL BE THE RESPONSIBILITY OF THE LANDLORD TO PROVIDE PROOF OF A BLOOD RELATIONSHIP IF MORE THAN FOUR (4) PERSONS OCCUPY A DWELLING UNIT. IF IT IS DISCOVERED THAT MORE THAN FOUR (4) UNRELATED PERSONS ARE OCCUPYING A DWELLING UNIT YOU WILL BE IN VIOLATION OF THE TOWN ORDINANCE #73. IF NOT CORRECTED, YOUR RENTAL LICENSE MAY BE REVOKED BY THE TOWN OF SELBYVILLE.

03/16/2022



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BUILDING NUMBER OR NAME: _____

UNIT #	TENANT NAME	TENANT PHONE #(s)

INSPECTION APPROVAL DATE _____



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 APARTMENTS**

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BUILDING NUMBER OR NAME: _____

UNIT #	NUMBER OF BEDROOMS	BEDROOM SQUARE FOOTAGE	NUMBER OF BEDROOM OCCUPANTS	NUMBER OF BATHS	APARTMENT SQUARE FOOTAGE	TOTAL OCCUPANTS

INSPECTION APPROVAL DATE _____



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UNIT #	TENANT NAME	TENANT PHONE #(s)

INSPECTION APPROVAL DATE _____