



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

DATE OF APPLICATION \_\_\_\_\_

## SINGLE UNIT RENTALS HOUSE OR TRAILER

**YOU MUST HAVE TENANT NAME AND PHONE NUMBER ON THE APPLICATION. ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE ACCEPTED.**

| RENTAL INFORMATION   |                   |
|--|-------------------|
| Address: _____   |                   |
| How many (If more than 4, see second page.):<br>Bedrooms _____ Baths _____ Occupants _____   |                   |
| Square Footage:<br>Bedroom 1 _____ Bedroom 2 _____ Bedroom 3 _____<br>Bedroom 4 _____ Total of Bedrooms Square Footage _____<br>Total House/Trailer Square Footage _____ |                   |
| Is this unit protected by a smoke detector? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                   |
| TENANT INFORMATION   |                   |
| 1. Name: _____   | Phone #(s): _____ |
| 2. Name: _____   | Phone #(s): _____ |
| 3. Name: _____   | Phone #(s): _____ |
| 4. Name: _____   | Phone #(s): _____ |
| LANDLORD INFORMATION   |                   |
| Name on Deed: _____  | Phone #(s): _____ |
| Email: _____   |                   |
| Address: _____   |                   |

**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 UNDER THE PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.**

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

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

| OFFICE USE ONLY                                   |                     |
|---|---------------------|
| Date Received: _____                              | <b>FEE: \$75.00</b> |
| <input type="checkbox"/> APPROVED   Date: _____   | Date Paid: _____    |
| <input type="checkbox"/> DENIED       Date: _____ | Date Issued: _____  |



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**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 FOR MERCANTILE AND RENTAL UNIT LICENSING AND TOWN ORDINANCE #200 ZONING ORDINANCE. IF NOT CORRECTED, YOUR RENTAL LICENSE MAY BE REVOKED BY THE TOWN OF SELBYVILLE.**

TENANT(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHANGE IN TENANTS DURING THE RENTAL YEAR  
MUST BE REPORTED IMMEDIATELY TO THE TOWN.**