



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: \$125.00 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.**

05/02/2023



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## MULTIPLE UNIT RENTAL APARTMENTS

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**BUILDING NUMBER OR NAME:** \_\_\_\_\_

UNIT #	TENANT NAME	TENANT PHONE #(s)

**INSPECTION APPROVAL DATE** \_\_\_\_\_



