DATE OF APPLICATION_____

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

Application for:

- ☐ **LOT LINE ADJUSTMENT**
- ☐ **CONSOLIDATION**
- ☐ **PARTITIONING (NOT MORE THAN TWO LOTS)**
- ☐ **SUBDIVISION (THREE OR MORE LOTS, SITES, ETC.)**

Date of Review by Planning Commission:_____

APPLICANT INFORMATION
Name:
Mailing Address:
Phone #(s):
Email:
Name of contact person/title:
PROPERTY INFORMATION
If different from applicant: 1. Owner's Name:_____ Address:_____ Phone #(s):_____ Email:_____
Tax Map and Parcel #(s):_____ Location Address:_____

1. Submit Plat Plan.

2. Submit legal description of property/properties.
   Note: These documents must be filed at the Recorder of Deeds no later than 90 days after approval and should be prepared by a registered surveyor.

Described the changes, additions, and/or deletion you intend to make on the property:

_____

_____

_____

_____

_____

_____

SEE SECOND PAGE

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Three (3) copies of this application and Plat Plan must be submitted. _____
Initial

Date Received:_____
Received by:_____

- ☐ Approved
- ☐ Denied – Reason:_____
  _____
  _____
  _____

Application Fee: $50.00 + $5.00 for every acre over 5 - _____