



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

DATE OF APPLICATION _____

Application for:

- LOT LINE ADJUSTMENT
- CONSOLIDATION
- PARTITIONING (NOT MORE THAN TWO LOTS)
- MINOR SUBDIVISION

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: \$500.00