



TOWN OF SELBYVILLE
 1 W Church Street, PO Box 106, 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.): Bedrooms _____ Baths _____ Occupants _____	
Square Footage: Bedroom 1 _____ Bedroom 2 _____ Bedroom 3 _____ Bedroom 4 _____ Total of Bedrooms Square Footage _____ 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

**ANNUAL FEE DUE DECEMBER 31st: \$125.00 PER UNIT
 A \$25 LATE FEE PER UNIT WILL BE APPLIED 15 DAYS AFTER THE DUE DATE.**



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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.

OFFICE USE ONLY

Date Received: _____

ANNUAL FEE: **\$125.00**

APPROVED Date: _____

Date Paid: _____

DENIED Date: _____

Date Issued: _____