



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

Minor Subdivisions - \$500 application fee and legal/engineering fees are to be reimbursed to the Town by the applicant if Preliminary/Final Site Plan Review is required