



TOWN OF SELBYVILLE
1 W Church Street, PO Box 106, 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: _____	

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

SEE SECOND PAGE
SEE FOLLOWING PAGES FOR APARTMENTS & TRAILERS



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****CHAPTER 200-11C OF THE CODE OF THE TOWN OF SELBYVILLE STRICTLY PROHIBITS SHORT-TERM RENTAL OF ALL TYPES OF RESIDENTIAL DWELLINGS IN ALL ZONING DISTRICT IN THE JURISDICTIONAL LIMITS OF THE TOWN OF SELBYVILLE.**

IF YOU ARE FOUND TO BE OPERATING A SHORT-TERM RENTAL, YOUR RENTAL LICENSE WILL BE IMMEDIATELY REVOKED AND YOU WILL BE FINED EACH AND EVERY DAY THE VIOLATION EXISTS PER CHAPTER 200-149B & CHAPTER 200-149C OF THE CODE OF THE TOWN OF SELBYVILLE**

****SHORT-TERM RENTALS ARE DEFINED IN CHAPTER 200-3B OF THE CODE OF THE TOWN OF SELBYVILLE****

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.

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

08/19/2025



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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 _____



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**MULTIPLE UNIT RENTAL
APARTMENTS**

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BUILDING NUMBER OR NAME: _____

UNIT #	NUMBER OF BEDROOMS	BEDROOM SQUARE FOOTAGE	NUMBER OF BEDROOM OCCUPANTS	NUMBER OF BATHS	APARTMENT SQUARE FOOTAGE	TOTAL OCCUPANTS

INSPECTION APPROVAL DATE _____



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**MULTIPLE UNIT RENTAL
TRAILERS**

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UNIT #	TENANT NAME	TENANT PHONE #(s)

INSPECTION APPROVAL DATE _____