



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: _____	

**\*\*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\*\***

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

**SEE SECOND PAGE**



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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.**

**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

### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_

**ANNUAL FEE: \$125.00**

☐ APPROVED    Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_

☐ DENIED      Date: \_\_\_\_\_

Date Issued: \_\_\_\_\_