



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

DATE OF APPLICATION \_\_\_\_\_

### ANNEXATION APPLICATION

APPLICANT INFORMATION	
Name:	_____
Mailing Address:	_____
Delivery Address (if different):	_____
Phone #(s):	_____
Email:	_____
Name of contact person/title:	_____
PROPERTY INFORMATION	
If different from applicant:	
1. Owner's Name:	_____
Address:	_____
2. Owner's Name:	_____
Address:	_____
Tax Map and Parcel #:	_____
Location Address:	_____
Tax Map and Parcel #:	_____
Location Address:	_____

To be attached:

- Metes and bounds description.
- Recent survey of the property
- 

Statement of reasons for annexation and grounds and support there of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Zoning requested for annexed property and reasons therefor; mixed zoning will require separate metes and bounds descriptions of each parcel for the requested zoning district: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

General description of project, including proposed name of project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SEE SECOND PAGE**



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If any applicant is a partnership, the names and addresses of the individuals composing the partnership including all limited partners (to be attached).

If any applicant is a corporation, the name and address of each stockholder owning more than ten percent (10%) of the stock of the corporation, the name and address of each officer, and the name and address of each member of the board of directors or other governing body (to be attached).

If any applicant is a limited liability company, the names and the address of the individuals composing the company (to be attached).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FEE SCHEDULE:**

Up to 3 Acres - \$1,000.00

3 Acres and Over - \$1,750.00

TOTAL DUE:\$ \_\_\_\_\_

**Annexations with existing buildings will also pay:**

Water Impact Fee (per EDU) - \$4,500.00

Sewer Impact Fee (per EDU) - \$4,500.00

**OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Fee received by Town: \_\_\_\_\_

Date/Time: \_\_\_\_\_