



TOWN OF MILLVILLE
36404 Club House Road, Millville, DE 19967
TEL (302) 539-0449 FAX (302) 539-0879
www.millville.delaware.gov

DATE OF REQUEST: _____

ZONING VERIFICATION REQUEST

Please Print All Information

| APPLICANT INFORMATION (The Zoning Verification will be mailed to this address) | | | |
|--|--|-------|--|
| NAME | | | |
| COMPANY | | | |
| MAILING ADDRESS | | | |
| PHONE | | EMAIL | |

| PROPERTY INFORMATION (Zoning Verification for the following) | | | |
|--|--|------|--|
| TAX MAP PARCEL # | | | |
| 911 ADDRESS | | | |
| PROPOSED USE | | | |
| I need to know if the use described above is permitted in the zoning district. | | | |
| APPLICANTS SIGNATURE | | DATE | |

| TOWN USE ONLY (NOT VALID WITHOUT TOWN SEAL) | | | |
|---|-----------|------------|------|
| CURRENT ZONING | | | |
| PROPOSED USE VERIFICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| TOWN OFFICAL VERIFIED BY | | | DATE |
| | Signature | Print Name | |