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

Date Received: _____
APPLICATION REVIEW FEE: _____
ESCROW FEE: _____
SUBDIVISION FEE: _____

SUBDIVISION APPLICATION

☐ Check if this application is a REVISION to the plan
☐ MINOR *or* ☐ MAJOR

SUBMIT THE FOLLOWING WITH APPLICATION		
☐ Four (4) Copies of Proposed Plans	☐ Copy of Deed	☐ Application Review Fee & Escrow

PROPERTY OWNER & APPLICANT INFORMATION			
Property Owner Name			
Mailing Address			
Telephone		Email	
Applicant/Company's Name ▪*Consent of Property Owner Attached.*			
POC			
Mailing Address			
Telephone		Email	

PROPERTY INFORMATION			
TMP#			
Property Location			
Property Size/Dimensions			
Current Zoning District		Proposed Zoning *(If Applicable)*	
Proposed Project Description			

SUBDIVISION APPLICATION FEE *(Submit with Application)*	☐ Minor $450 ☐ Major $750 Check#_____ Date_____
SUBDIVISION FEE *($450 per Lot/Unit/Site - 20% Due with Application)*	_____Lots/Units/Sites x $450 = $ _____ 20% $_____ Check#_____ Date _____ Remaining 80% $ _____ *(Due at the Final Plan Approval)*
ESCROW Additional fees may be requested by the Town should the escrow funds be depleted. Fees are used to cover costs incurred by the Town's engineering consultants and attorney to perform this review and other necessary services to assure that the project meets the requirements and best interest of the Town.	☐ Minor $2,500 Check # _____ Date:_____ ☐ Major $10,000 Check # _____ Date:_____

I (We) hereby apply to the Town of Millville, for a subdivision on the property described above. I (We) certify that all the information and attached documentation provided in this application is correct.

_____ _____
Current Owner/Applicant Date Current Owner/Applicant Date

TOWN USE ONLY

Approval Date: _____ Denied Date: _____

Administrative Official: _____