



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

DATE RECEIVED: _____
 FEE: _____
 ESCROW: _____

PETITION FOR ANNEXATION

I (We) hereby request annexation and certify that all information and documents provided for this petition is correct.

PETIONER(S) NAME(S) (Print) _____

Mailing Address: _____

Phone #: _____ Email: _____

Signature(s): _____

OWNER(S) OF RECORD (Print): _____

Mailing Address: _____

Phone #: _____ Email: _____

Signature(s): _____

ANNEXATION IF REQUESTED FOR THE FOLLOWING REASONS:

1. _____
2. _____
3. _____

APPLICANTS PLEASE NOTE: YOU WILL NEED TO SUBMIT A CURRENT SURVEY OF THE PROPERTY AND SHALL NOTIFY ALL RESIDENTS WITHIN 200 FEET OF ANY BOUNDARY OF THE TERRITORY FOR WHICH THE APPLICANT IS SEEKING ANNEXATION AT THE APPLICANT'S EXPENSE AND PROVIDE COPIES OF SUCH NOTIFICATION TO THE TOWN MANAGER OR DESIGNEE.

TOWN OFFICIAL USE ONLY

Location: _____ TMP (Tax Map Parcel): _____

Current Zoning District: _____ Proposed Zoning District: _____

Current Property Use: _____ Proposed Property Use: _____

Total Area: _____ SF / Acres _____

Total Street Frontage: _____ LF/ Acres _____

Does the proposed annexation meet the requirements of Millville's Comprehensive Plan? Yes No

Is the density higher than allowed in a Residential Zone requested? Yes No NA

If yes, is the required Conceptual Plan attached? Yes No

Is a current survey of the property attached? Yes No

**ANNEXATION COMMITTEE, PLANNING AND ZONING COMMISSION, AND
TOWN COUNCIL
REVIEWS AND ACTIONS**

Annexation Committee – Date Petition Received: _____

90 Day Ending Date: _____

Annexation Committee Review: Advantageous / Disadvantageous

Planning and Zoning Commission – Date Petition & Report Received: _____

60 Day Ending Date: _____

Planning and Zoning Commission Review: _____

Recommendation: _____

Town Council – Date Recommendation Received from P&Z: _____

30 Day Ending Date: _____

Date of Town Council Public Hearing: _____

Approved: _____

Denied: _____

Date: _____ Town Manager: _____