



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

**PETITIONER(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: \_\_\_\_\_