TOWN OF DAGSBORO

P.O. BOX 420, DAGSBORO, DE 19939
PHONE: 302-732-3777

APPLICATION FOR ZONING

DATE:_____

APPLICANT NAME:_____
ADDRESS:_____
PHONE:_____
FAX:_____
EMAIL:_____

OWNER (IF DIFFERENT THAN APPLICANT):_____
ADDRESS:_____
PHONE:_____
FAX:_____
EMAIL:_____

PROPERTY LOCATION:_____

TAX MAP NO.:_____

CURRENT ZONING DISTRICT:_____

REQUESTED ZONING:_____

PROPOSED NAME OF DEVELOPMENT:_____

PLAT PLAN REQUIRED PURSUANT TO THE ZONING ORDINANCE OF THE TOWN OF DAGSBORO.

YOU MAY PURCHASE A COPY OF THE ZONING ORDINANCE FROM THE TOWN CLERK.

IF YOU ARE NOT THE RECORDED OWNER OF THE PROPERTY, THERE MUST BE ATTACHED A LETTER OF AUTHORIZATION SIGNED BY THE OWNER, NOTARIZED AND SUBMITTED WITH THE APPLICATION.

_____ **DATE:**_____
OWNER

_____ **DATE:**_____
APPLICANT

FEE: **$250.00 (plus $1 gross per acres plot in excess of 5 acres)**
(Checks payable to the Town of Dagsboro)

RECEIVED BY TOWN:
DATE:
INITIALS:

ACKNOWLEDGMENT OF FEE PAYMENT:
DATE:
INITIALS: