

**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: \_\_\_\_\_

13 PLAT PLANS REQUIRED AND 1 ELECTRONIC COPY (PDF)..

**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.**

\_\_\_\_\_  
OWNER

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

DATE: \_\_\_\_\_

**FEES:**

\$500.00 Change of Zone Application Fee (*plus \$1 gross per acres plot in excess of 5 acres*)

\$2,500 Change of Zone engineering professional review escrow payment (to be replenished upon depletion)

\$500 Change of Zone legal professional review escrow payment (to be replenished upon depletion)

**Failure to replenish escrow account upon notice will cause the application to be discontinued.**

(Checks payable to the Town of Dagsboro)

RECEIVED BY TOWN:

DATE:

INITIALS:

ACKNOWLEDGMENT OF FEE PAYMENT:

DATE:

INITIALS: