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:_____

6 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.

_____ **DATE:**_____
OWNER

_____ **DATE:**_____
APPLICANT

FEES:

Change of Zone Application Fee *(plus $1 gross per acres plot in excess of 5 acres)*	$1,000
Change of Zone engineering professional review escrow payment (to be replenished upon depletion)	$3,000
Change of Zone legal professional review escrow payment (to be replenished upon depletion)	$1,500

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

☐ Approved Date of Council Vote: _____
☐ Denied Town Administrator: _____

Revised 10/19/26