ANNEXATION REQUEST

Applicant (Company) Name: _____
Contact Person: _____
Project Title/Name _____
Town Assigned Project Review Application number (from Form 1) _____

Required Information

Is the proposed annexation area located on the Town's Future Annexation Area Map? ___Yes ___No

Is the proposed zoning district consistent with the future land use designation listed in the Town's Comprehensive Plan?___Yes ___No

Is the parcel vacant or developed?_____
If developed, describe the site & structures:_____
_____
_____

If the parcel is developed, is there water service on-site?____Yes ____No

Is there an issue of public health or safety currently affecting the property? ___Yes ____No

What is the Current Zoning District (Sussex County)?_____

What zoning district is being proposed after annexation? _____

The following information must be submitted in writing to the Town Manager with this application:

- A statement describing the annexation that is being requested.
- A signed petition requested consideration of Annexation by a majority of property owners in the territory (Per Charter, Chapter 237, Section 3).
- Information about the property for which the application or review is being made, a survey, metes and bounds description, acreage, wetlands, existing landscaping, stormwater management, and general description of the property.
- A narrative providing information to support the application including the provisions of Chapter 234 and statements as to how the application complies with those provisions.
- Plans or drawings that support or clarify the request.
- Provide an aerial photograph depicting the property being proposed for annexation, indicating cross streets, landmarks, and other necessary information supporting the request.
- Other information requested by the Town or information that may support his application.
- A $1,500 Annexation fee must be included with this application.

Applicant Signature

The Applicant & property owner understand that all certifications on Form 1, the Initial project review application continue to apply.

Signature of Applicant
Date of Applicant (s) _____   _____
Print Name (s)   _____   _____
Date Signed   _____   _____