

Town of Milton

115 Federal Street
Milton, DE 19968



www.milton.delaware.gov

Phone: 302-684-4110
Fax: 302-684-8999

ANNEXATION/WITHDRAWAL PETITION

Property Owner: _____

Parcel #: _____

Property Address: _____

Owner's Mailing Address: _____

Phone #: _____ Cell#: _____

Description of Property for Annexation/Withdrawal (location, dimensions, zoning): _____

Purpose of Annexation/Withdrawal: _____

Proposed Zoning for Parcel: _____

Meets Comprehensive Plan Requirements: Yes No (Circle One)

I, the undersigned, hereby certify that I have supplied all the information listed on this application form including twenty (20) copies of a survey of the property with adjoining properties listed and that statements contained in any papers or plans submitted as part of this application are true and correct. I also certify that I, or an agent on my behalf, will attend all public hearings/meetings necessary for this application, and that I will answer any questions to the best of my ability to respond to the present and future needs, the health, safety, morals, convenience, prosperity and general welfare of the residents of the Town of Milton. Annexation considerations: Town Charter, Town Ordinances, and Delaware Code Title 22.

Applicant Signature

Date

Town Manager's Signature for Receipt

Date

Application Fee: \$3,900, plus Escrow per Fee Schedule Payment Method: _____ Town Council Meeting Date: _____
