



*Town of Milton*  
115 Federal Street, Milton, Delaware 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 #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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)

Current Survey Attached: Yes No (Circle One)

Conceptual Site Plan Attached: 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 conceptual site plan (including electronic files of both). Further, I certify 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.

Designee, or Agent, of the Property Owner for purposes of this Petition:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E- Mail: \_\_\_\_\_

\_\_\_\_\_

Property Owner Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Town Manager's Signature for Receipt

\_\_\_\_\_

Date

Official Use Section:

Application Fee and Escrow: Per Fee Schedule.

Payment Amount and Method: \_\_\_\_\_

Date Received: \_\_\_\_\_