TOWN OF GREENWOOD
100 WEST MARKET STREET
P.O. BOX 216
GREENWOOD, DE 19950
302-349-4534
302-349-9332 FAX

PETITON FOR ANNEXATION

Date:_____

Fee:_____ Method of Payment:_____Number:_____

Payment/petition received by:_____

Current Property Owner/Petitioner Information:

Current Owner Name(s)/Petitioner(s):
_____
_____
_____
Mailing Address:
_____
_____
_____
Phone Number:_____
Email Address:_____
Contact Person:_____

Property Information:

Sussex County Tax Map/Parcel Number:_____
Property Location:_____
Property Size/Dimension:_____
Current Zoning District:_____
Proposed Zoning (if applicable):_____
Current Property Use:_____
Proposed Property Use:_____

**** Please attach a Plot Plan of the described lands.**

Annexation is requested for the following reasons:

1. _____
2. _____
3. _____

I (We) would like to request annexation into the TOWN OF GREENWOOD FOR THE ABOVE PARCEL(S). I (We) certify that all the information and attached documentation provided by me in this Petition/Application is correct and I (We) further understand that a Public Hearing will not be scheduled until this Petition/Application is complete as determined by the GREENWOOD Administrative Official.

_____ _____

Current Owner/Petitioner **Current Owner/Petitioner**

_____ _____

Current Owner/Petitioner **Current Owner/Petitioner**

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FOR ANNEXATION COMMITTEE

Approved/Date:_____ _____

Chairperson, Annexation Comm.

Denied/Date:_____ _____

Chairperson, Annexation Comm.

*****If petition is filled by someone other than the property owner, the property owner must also sign the form*