

The Town Of Selbyville



Mayor
Clifton C. Murray

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302-436-8314
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Councilmen
Jay C. Murray
G. Frank Smith, III
Clarence M. Cingle, Jr.
Richard A. Duncan, Sr.

SATELLITE PERMIT

DATE _____ PERMIT NUMBER _____

NAME _____

ADDRESS _____

A PERMIT IS HEREBY GRANTED AND ISSUED TO THE ABOVE NAMED APPLICANT(S) TO (A) _____ CONSTRUCT, (B) _____ RENOVATE, (C) _____, REMODEL, (D) _____ RELOCATE, (E) _____ OTHER ON THE PREMISES LOCATED WITHIN THE COPORTATE LIMITS OF THE TOWN OF SELBYVILLE AS DESCRIBED IN THE ATTACHED BUILDING PERMIT APPLICATION. THE APPLICANT(S) HEREBY AGREES TO ABIDE BY THE REGULATIONS SET FORTH BY THE ZONING ORINANCE #78 AND THE INTERNATIONAL BUILDING CODE AS ADOPTED BY THE TOWN OF SELBYVILLE. ANY DEVIATIONS REPORTED BY THE TOWN'S BUILDING INSPECTOR CONTRARY TO THE ABOVE STANDARDS SHALL BE CAUSE FOR DENIAL OF THIS PERMIT AND ALL CONSTRUCTION SHALL CEASE UNTIL WHICH TIME CORRECTIVE MEASURES ARE TAKEN. IT IS FURTHER ACKNOWLEDGED THAT ANY/ALL OF THE ASSOCIATED PERMIT COSTS HAVE BEEN PAID BY THE APPLICANT(S) AS SHOWN BY THE ATTACHED APPLICATION. APPLICANT(S) HEREBY AGREES TO KEEP THE SIDEWALKS AND STREETS FREE FROM DEBRIS DURING THE PROCESS OF CONSTRUCTION.

MAYOR

SECRETARY /TREASURER