



TOWN OF SELBYVILLE  
1 W Church Street, Selbyville, DE 19975  
TEL (302) 436-8314  
selbyville.delaware.gov

DATE OF REQUEST: \_\_\_\_\_

## ZONING VERIFICATION REQUEST

APPLICANT INFORMATION (The Zoning Verification will be mailed to this address)	
Name:	
Company:	
Mailing Address:	
Phone #(s):	Email:
PROPERTY INFORMATION	
Physical Address or Property Location:	
Tax Map Parcel #:	
Proposed Use:	

I need to know if the use described above is permitted in the zoning district.

### APPLICANT

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TOWN USE ONLY: NOT VAILD WITHOUT TOWN SEAL		
Current Zoning:		
Proposed Use Verification:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicable code section: _____		
Verified by:		
Signature	Print	Date

