



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

REQUEST FOR MEETING APPLICATION

Date of Request: _____

APPLICANT INFORMATION		
Name:		
Mailing Address:		
Phone #(s):	Email:	
PROPERTY INFORMATION		
Physical Address or Property Location:		
Tax Map Parcel #:	Total Lot Sq. Footage:	Acres:
Current Zoning District:	Current Use of Property:	

Are you the owner of the property? YES NO
If not, a letter from the property owner must be attached to this application giving the applicant authorization to meet on their behalf.

Place an (X) by the Committee you are requesting to meet with:

- PLANNING & ZONING COMMISSION
- HISTORIC DISTRICT COMMITTEE
- INDUSTRIAL PARK COMMITTEE

REASON FOR MEETING REQUEST:

SIGNATURE: _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY

Date Received: _____ Meeting Date: _____ Time: 4:00 PM

Outcome of Meeting: _____

