



TOWN OF SELBYVILLE

DATE OF APPLICATION: _____

1 W Church Street, PO Box 106,
Selbyville, DE 19975
TEL (302) 436-8314
selbyville.delaware.gov

APPLICATION FOR APPEAL OR VARIANCE TO THE BOARD OF ADJUSTMENT

INSTRUCTIONS & REQUIREMENTS:

- Submit the completed and signed application for appeal or variance. Application must include:
 - One (1) copy of a recent survey by a license surveyor
 - Four (4) copies of a site plan or other drawings or sketches relating to the appeal or variance
 - \$1,000 Non-refundable Fee

TYPE OF REQUEST:

- Area Variance
- ___Front Yard ___Side Yard ___Rear Yard ___Height ___Other
- Use Variance
- Appeal: _____
- _____
- _____

PROPERTY OWNER INFORMATION		
Name:		
Mailing Address:		
Phone #(s):	Email:	
APPLICANT INFORMATION		
Name:		
Mailing Address:		
Phone #(s):	Email:	
PROPERTY INFORMATION		
Physical Address or Property Location:		
Tax Map Parcel #:	Total Lot Sq. Footage:	Acres:
Zoning District:	Current Use of Property:	
Proposed Use Of Property:		
List any Proposed Changes to Property Or Building:		
List Section(s) of Zoning Code that a variance is being requested for:		



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I/We believe the Board of Adjustment should approve this request because:

(Please state unnecessary hardship or exceptional practical difficulty in complying with the zoning regulations)

I hereby apply for a variance or appeal for the property identified on the application. I certify that all the information and attached documentation provided in this application is correct and further understand that a Public Hearing will be scheduled on the requested variance or appeal. I further acknowledge that there is a 30 day appeal period that begins on the day the decision is filed with the Town.

APPLICANT

SIGNATURE: _____ **Date:** _____

PROPERTY OWNER

SIGNATURE: _____ **Date:** _____

Office Use Only:

Date Received: _____ Received by: _____

Date of Hearing: _____ Date Hearing Advertised: _____

Fee Received: \$ _____ Cash/Check# _____

- APPROVED **Building Permit Required?**
 DENIED **YES NO**