

TOWN OF SELBYVILLE
P.O. BOX 106, SELBYVILLE, DE 19975
PHONE: 302-436-8314

APPLICATION FOR ZONING

DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PROPERTY LOCATION: _____

TAX MAP NO.: _____

CURRENT ZONING DISTRICT: _____

REQUESTED ZONING: _____

REASON FOR REQUEST: _____

OWNER **DATE:** _____

Required w/ application:

- 4 Plat Plans
- Certified list of property owners within 100ft of property

FEES:

\$500.00 Change of Zone Application Fee
Engineering Review will be billed to applicant
Legal Review will be billed to applicant

RECEIVED BY TOWN:

DATE: _____

INITIALS: _____

Date Resolution Passed _____ **Public Hearing Date:** _____