



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

DATE OF APPLICATION _____

Application for:

- MAJOR SUBDIVISION

Date of Review by Planning Commission: _____

APPLICANT INFORMATION	
Name:	_____
Mailing Address:	_____
Phone #(s):	_____
Email:	_____
Name of contact person/title:	_____
PROPERTY INFORMATION	
If different from applicant:	
1. Owner's Name:	_____
Address:	_____
Phone #(s):	_____
Email:	_____
Tax Map and Parcel #(s):	_____
Location Address:	_____

Described the changes, additions, and/or deletion you intend to make on the property:

SUBMIT SITE PLAN OF MAJOR SUBDIVISION: 1 HARD COPY / 1 ELECTRONIC COPY

Date Received: _____

Received by: _____

- Approved
- Denied – Reason: _____

Application Fee: \$500.00 plus \$5 for every acre over 5

Engineering Review will be billed to applicant

Legal Review will be billed to applicant