



TOWN OF SELBYVILLE

DATE OF APPLICATION: _____

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

SIGN PERMIT APPLICATION

INSTRUCTIONS & REQUIREMENTS:

- Submit the completed and signed Sign Permit Application. Application must include:
 - If a freestanding sign: One (1) copy of a survey showing the location of the proposed sign placement.
 - Color rendering of the proposed signage.
 - If the applicant is not the property owner, a letter must be submitted with the application from the current property owner authorizing the applicant to file the application on their behalf.

APPLICANT INFORMATION	
Name:	Name of Business:
Mailing Address:	
Phone #(s):	Email:
PROPERTY INFORMATION	
Physical Address or Property Location:	
Tax Map Parcel #:	
Current Zoning District:	Current Use of Property:
SIGN INFORMATION	
Type of Proposed Sign: (DRAWING MUST BE ATTACHED)	
Sign Dimensions: Height _____ Length _____ Total Square Footage: _____	
Proposed Location : _____ (On Building, Freestanding (must include setbacks), Etc.)	
CONTRACTOR INFORMATION	
Contractor's Name/Business:	
Mailing Address:	
Phone #:	Email Address:
Cost of Construction: (Attach copy of contract/proposal/bid)	

APPLICANT SIGNATURE: _____ **Date:** _____

FEE: \$250.00