

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

TEMPORARY TRAILER PERMIT APPLICATION

Permission is hereby given to:

APPLICANT INFORMATION

Name:

Email:

Phone #(s):

Address:

PROPERTY INFORMATION

Physical Address:

Tax Map Parcel #:

MUST SUBMIT A PLOT PLAN SHOWING LOCATION OF TRAILER WITH THIS APPLICATION

The Mayor & Council of the Town of Selbyville, Selbyville, Delaware, do hereby issue a

permit to place a temporary ______ trailer(s) in the Town of

Selbyville for the dates of ______ to _____.

Mayor & Council Town of Selbyville

Town Secretary/Treasurer

PERMIT PERIOD: TWO (2) YEARS OR COMPLETION OR ABANDONMENT OF PROJECT, WHICHEVER OCCURS FIRST.

PERMIT MUST BE RENEWED IF OVER TWO (2) YEARS

FEE: \$400.00