



TOWN OF SELBYVILLE

DATE OF APPLICATION: _____

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

APPLICATION FOR CHANGE OF ZONING

PROPERTY OWNER INFORMATION		
Name: _____		
Mailing Address: _____		
Phone #(s): _____		Email: _____
PROPERTY INFORMATION		
Physical Address or Property Location: _____		
Tax Map Parcel #:	Total Lot Sq. Footage:	Acres:
Current Zoning District:	Current Use of Property:	
Proposed Zoning District:	Proposed Use of Property	
Reason for zoning change request: 		

FEES:

\$500 Application Fee

Engineering & Legal Review will be billed to the applicant

PROPERTY OWNER

SIGNATURE: _____ **Date:** _____

Required w/ Application:

- 5 Signed and Sealed Plat Plans
- Certified list of property owners within 100 feet of the property

Office Use Only:

Date Received: _____

Date of Public Hearing: _____

☐ APPROVED Date Resolution Passed: _____

☐ DENIED

Reason for denial: _____

