



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

## REQUEST FOR MEETING APPLICATION

Date of Request: \_\_\_\_\_

APPLICANT 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: _____	

Are you the owner of the property?                      YES                      NO

*If not, a letter from the property owner must be attached to this application giving the applicant authorization to meet on their behalf.*

Place an (X) by the Committee you are requesting to meet with:

- ☐ PLANNING & ZONING COMMISSION (If this is for a new residential or commercial project, you will be billed for all engineering and attorney fees incurred for the review of your project)
- ☐ HISTORIC DISTRICT COMMITTEE
- ☐ INDUSTRIAL PARK COMMITTEE

### REASON FOR MEETING REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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#### FOR ADMINISTRATIVE USE ONLY

Date Received: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Time: 4:00 PM

Outcome of  
Meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9/03/2025