

TOWN OF SELBYVILLE

Tenant Fit-Out Application

For a new business or change in tenant within an existing building

Town of Selbyville

1 W. Church Street

Selbyville, DE 19975

(302) 436-8314

OFFICE USE ONLY Application No.: _____ Date Received: _____

1. PROPERTY & BUSINESS INFORMATION

Property Address: _____ Email: _____

Business / Tenant Name: _____ Property Owner: _____

Applicant / Contact Person: _____ Phone: _____

2. PROPOSED USE

Current / Previous Use of Space: _____

Proposed Business Use: _____

Brief Description of Business Operations: _____

3. FIT-OUT / ALTERATION INFORMATION

Will any construction or alteration be performed? ☐ No ☐ Yes

Check all work proposed: ☐ Interior walls ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Fire protection ☐ Accessibility ☐ Other

Contractor / Company: _____ Phone: _____

Building Permit Required? ☐ To be determined by Town ☐ Yes ☐ No

Description of Proposed Work: _____

4. SPACE & OCCUPANCY

Approx. Tenant Space (sq. ft.): _____ Number of Employees: _____

Anticipated Maximum Occupancy: _____ Public Restroom(s): ☐ Yes ☐ No

5. REQUIRED SUBMITTALS

Please provide, as applicable:

- | | |
|--|---|
| ☐ Completed Tenant Fit-Out Application | ☐ Floor plan / sketch showing proposed layout and room uses |
| ☐ Description of proposed alterations | ☐ Contractor information / permits, if required |
| ☐ Business License Application | ☐ Sign Permit Application, if new or altered signage is proposed |
| ☐ Other information requested by the Town during review | |

6. APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this application does not authorize occupancy, construction, alterations, or signage. All required Town approvals, permits, inspections, licenses, and other agency approvals must be obtained before opening for business.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

7. TOWN REVIEW / TENANT FIT-OUT WALK-THROUGH — OFFICE USE ONLY

Administrative Review: ☐ Approved to proceed to walk-through ☐ Additional information required

Walk-Through Date: _____ Reviewed By: _____

Walk-Through Result: ☐ Approved ☐ Approved with conditions ☐ Corrections / permits required before approval

Conditions / Corrections: _____

Final Town Approval: _____ Date: _____

☐ Business License may be issued