CITY OF SEAFORD PLANNING & ZONING COMMISSION **HEARING APPLICATION**

Please make an appointment with the Building Official to discuss this application. Please provide the following information and a \$200 Non-Refundable fee made payable to "City of Seaford ". Please refer to the City of Seaford SUBDIVISION REGULATIONS for plan requirements.

This application must be signed by the Property Owner.

		T			
Type of Request:		Description of Reque	est:		
☐ Sketch Site Plan Rev	riew				
☐ Preliminary Site Plan	Review			_	
☐ Final Site Plan Revie	W				
☐ Subdivision					
☐ Rezoning					
Property Address:					
Tax Map & Parcel #					
Property Owner's Name:					
Mailing Address:		Phone #	Mobile Phone #	Mobile Phone #	
		Email:			
Property Owner's Autho	rization:				
	the r	property owner, hereby gran	t the City of Seaford and its	s agents	
Print Name	Plann applic	ssion to enter the above refing & Zoning hearing to verication and the documents sections at any reasonable time.	ify the information on this ubmitted with this request		
Signature:		Date:			
	CITY OF SEAFORD	JSE ONLY—Review Wor	rksheet		
\$200 fee payment type: ☐ Cash ☐ Check # ☐ Money Order ATTACH RECEIPT	Submission Deadline:	Meeting Date:	Zoning District: □ R-1 □ C-1 □ R-2 □ C-2 □ R-3 □ C-3 □ R-4	□ M-2	
Application Received By:		Date:			
Financial Good Standing Reviewed By:		Date:			
Application Reviewed and Approved By:		Date:			
	Building Official				