

CITY OF SEAFORD BOARD OF ADJUSTMENT & APPEALS HEARING APPLICATION

Please make an appointment with the Building Official to discuss this application.
Please provide a scaled site survey for the subject property.
Please provide the following information and a \$300 Non-Refundable fee made payable to " City of Seaford ".
This application must be signed by the Property Owner.

Type of Request: <input type="checkbox"/> Special Use Exception <input type="checkbox"/> Variance <input type="checkbox"/> Appeal <input type="checkbox"/> Other (Describe) _____ _____ _____		Explanation of Request: _____ _____ _____ _____ _____ _____	
Subject Property Address: _____ _____		_____ _____	
Property Owner's Name: _____		Applicant's Name: (IF OTHER THAN PROPERTY OWNER) _____	
Mailing Address: _____ _____		Mailing Address: _____ _____	
Phone # _____	Mobile Phone # _____	Phone # _____	Mobile Phone # _____
Email: _____		Email: _____	
Property Owner's Authorization: I _____, the property owner, hereby grant the City of Seaford and its agents, permission to enter the above referenced property before and after the Board of Adjustment & Appeals hearing to verify the information on this application and perform inspections at any reasonable time. <div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div> <div style="text-align: center; margin-top: 10px;"> <small>Print Name</small> </div>			

CITY OF SEAFORD USE ONLY—Review Worksheet

\$300 fee payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order ATTACH RECEIPT	Submission Deadline: _____ Tax Map & Parcel # : _____	Meeting Date: _____	Zoning District : <input type="checkbox"/> R-1 <input type="checkbox"/> C-1 <input type="checkbox"/> M-1 <input type="checkbox"/> R-2 <input type="checkbox"/> C-2 <input type="checkbox"/> M-2 <input type="checkbox"/> R-3 <input type="checkbox"/> C-3 <input type="checkbox"/> R-4
Application Received By: _____ Date: _____ Financial Good Standing Reviewed By: _____ Date: _____ Application Reviewed and Approved By: _____ Date: _____			