

CITY OF DELAWARE CITY BUILDING PERMIT APPLICATION FORM

407 Clinton Street – P.O. Box 4159 – Delaware City, DE 19706-4159

Phone (302) 834-4573 Fax (302) 832-5545

Application # _____

Parcel No.

Name of Applicant: _____ Date: _____

Mailing Address: _____

Phone #: Daytime _____ Evening _____

Are you representing another party in this matter? Yes No

If your answer is yes, provide name, address and telephone number of property owner:

Is this project: Residential Commercial Mixed
 New Construction Expansion/Rehabilitation

The address of the property to be improved: _____

Do you or the property owner own other property in Delaware City? Yes No

If so, provide the address and/or location: _____

PLEASE RETURN THIS APPLICATION ALONG WITH A FILING FEE OF \$50.00.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

City Use Only:

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Checked by/Date</u>	<u>Approvals/Plans Required:</u>	<u>Completed</u>
Flood Plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____/____	<input type="checkbox"/> Zoning	<input type="checkbox"/>
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____/____	<input type="checkbox"/> Subdivision	<input type="checkbox"/>
What is the Zoning?	_____	_____/____	<input type="checkbox"/> Planning Commission	<input type="checkbox"/>
Taxes/Fees Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____/____	<input type="checkbox"/> Historic Commission	<input type="checkbox"/>
			<input type="checkbox"/> Flood Plain	<input type="checkbox"/>
			<input type="checkbox"/> NPDES/Storm Water-NCCD	<input type="checkbox"/>
			<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/>
Permit Application Approved Subject to Following Conditions/Submittals: _____				

Note: Flood Plain designation by Delaware City is not final. Actual determination requires elevation certification by licensed surveyor.			_____ City Manager	