

**Town of Dagsboro  
Building Permit Application  
RESIDENTIAL**

**PERMIT #**

**Property Owner Information**

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
BUILDING SITE ADDRESS \_\_\_\_\_  
SUBDIVISION / LOT # \_\_\_\_\_  
TAX MAP PARCEL # \_\_\_\_\_  
ZONING DISTRICT \_\_\_\_\_

**Builder/Contractor Information**

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
TOWN BUSINESS LICENSE # \_\_\_\_\_  
STATE BUSINESS LICENSE # \_\_\_\_\_

**TYPE OF IMPROVEMENT**

**DESCRIPTION (Be Specific)**

New Building	_____
Addition	_____
Alteration	_____
Repair	_____
Replacement	_____
Demolition	_____
Moving (Relocation)	_____
Garage / Carport	_____
Shed	_____
Deck	_____
Pool	_____
Fence	_____
Other	_____

**Electrical**

Install  
Alter  
Repair  
Remove  
Convert  
Replace

**Gas**

Install  
Alter  
Repair  
Remove  
Convert  
Replace

**Mechanical**

Install  
Alter  
Repair  
Remove  
Convert  
Replace

**Plumbing System**

Install  
Alter  
Repair  
Remove  
Convert  
Replace

**DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_

LOT DIMENSIONS  
NEW BUILDING SETBACKS

Width: \_\_\_\_\_ Depth: \_\_\_\_\_ SQFT: \_\_\_\_\_  
 Front \_\_\_\_\_  
 Back \_\_\_\_\_  
 Right Side \_\_\_\_\_  
 Left Side \_\_\_\_\_

Principal Type Frame:

Masonry  Wood  Structural Steel  Reinforced Concrete  Other \_\_\_\_\_

Dimensions:

\_\_\_\_\_ # of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms

**FEE SCHEDULE:**

**A.**

**NEW RESIDENTIAL CONSTRUCTION (ONLY):**

**TOTAL SQUARE FOOTAGE:** \_\_\_\_\_

**TOTAL PROJECT COST:** \_\_\_\_\_

Permit Fee:	\$85 X Square Footage X 1.25%	\$	
Water Meter	Radio Read Meter Residential \$250	Meter Size _____ \$	
	Fire Suppression System	Meter Size _____ \$	
Water Impact Fee	\$3,000 per EDU	# of EDU's _____ \$	
New Service Connection	\$2,000 per connection		
Public Service Impact Fee	\$1,500 per EDU	# of EDU's _____ \$	
Fire Dept. Impact Fee	Total Project Cost X .25% calculated upon the fixed rate of \$85 per square foot of construction cost	\$	Not to exceed \$2,500
Amb Service Impact Fee	Total Project Cost X .25% calculated upon the fixed rate of \$85 per square foot of construction cost	\$	Not to exceed \$2,500

**B.**

**ALL OTHERS:**

**Total Cost of Improvements:** \_\_\_\_\_ X 1.25% = \$ \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Minimum \$50.00**

Where permanent street grades have been established by the Town, sidewalks and curbing shall be installed at the expense of the Owner or Builder under the building contract. The contractor and/or owner shall comply in design, construction and use of the proposed work, with all codes and ordinances of the Town of Dagsboro, as well as the State Fire Codes and other applicable State and/or County Regulations.

**The following documents must be attached prior to receiving a Town Permit:**

**2 Copies of Plans & Specifications (electronic copy may be requested)**

**Sussex County Building Code Review Letter**

**Survey of Property**

**Contractor/Sub-Contractor's Dagsboro Business License**

**Water Service Application** (new homes only)

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUIREMENTS**

All contractors must be licensed by the State of Delaware and the Town of Dagsboro

All sub-contractors must be licensed by the State of Delaware and the Town of Dagsboro.

If one is acting as their own general contractor and they are not normally engaged in that line of business, they must ensure all sub-contractors are properly licensed.

Building permit fees, impact fees, and meter fees must be paid at the time of the submission of the application.

Sussex County Planning & Zoning E (302)855-7878

Sussex County Building Code Dept. (302)855-7860

Sussex County Building Permit Dept (302)855-7720

Sussex County Water & Sewer Dept (302)855-7719

Sussex Conservation District (302)856-7219

State of DE – Business License (302)856-5358

Building Inspector: \_\_\_\_\_

[ ] Approved

[ ] Denied Reason: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Permit # \_\_\_\_\_

Certificate of Occupancy Issue Date: \_\_\_\_\_