

Town of Dagsboro
Residential Building Permit Application
33134 Main Street, P.O. Box 420
Dagsboro, DE 19939
(302) 732-3777

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

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

DESCRIPTION (Be Specific)

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

Width: _____ Depth: _____ SQFT: _____

SETBACKS

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:**PERMIT #****A.****NEW RESIDENTIAL CONSTRUCTION (ONLY):****TOTAL SQUARE FOOTAGE:** _____**TOTAL PROJECT COST:** _____

Permit Fee:	Sq Ft Construction Cost per Current ICC Building Valuation Data X 1%	\$
Water Meter	Radio Read Meter Residential \$330	Meter Size _____ \$ _____
	Fire Suppression System	Meter Size _____ \$ _____
Water Impact Fee	\$3,000 per EDU	# of EDU's _____ \$ _____
New Service Connection	\$2,600 per connection	
Capital Improvement Impact Fee	\$2,500 per EDU	# of EDU's _____ \$ _____
Police Protection Impact Fee	Total Project Cost X .25%	\$ _____ Not to exceed \$2,500
Fire Dept. Impact Fee	Total Project Cost X .25%	\$ _____ Not to exceed \$2,500
Amb Service Impact Fee	Total Project Cost X .25%	\$ _____ Not to exceed \$2,500

Total Due \$ _____**B. ALL OTHERS:****Total Cost of Improvements:** \$ _____ X 1% = \$ _____**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)

Survey of Property

Contractor/Sub-Contractor's Dagsboro Business License

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.

Building Inspector: _____

[] Approved[] Denied Reason: _____

Date Issued: _____ Permit # _____

Certificate of Occupancy Issue Date: _____

Revised 12/28/25