

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

**Permit #** \_\_\_\_\_

Applicant	Owner	Builder
Name	Name	Name
Mail Address	Mail Address	Mail Address
City/State/Zip	City/State/Zip	City/State/Zip
Phone/Fax	Phone/Fax	Phone/Fax

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Site Address: \_\_\_\_\_

Total Area of New Construction in SQ FT: \_\_\_\_\_ Tax Map Parcel#: \_\_\_\_\_

Total Lot Dimensions: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ SQFT: \_\_\_\_\_

Principal Type Frame:  Masonry  Wood  Structural Steel  Reinforced Concrete  Other

Type of Mechanical:  Central Air Conditioning  Elevator

**APPLICANT MUST INCLUDE PLANS & SPECIFICATIONS**

3 Hard Copies & 1 Electronic Copy (pdf)

New Commercial/Industrial  Commercial Addition or Remodel  Tenant Fit-Out  Other

Project Value (without lot): \$ \_\_\_\_\_

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**A: NEW COMMERCIAL CONSTRUCTION:**

Permit Fee:	Sq Ft Construction Cost per Current ICC Building Valuation Data X 1%	\$
Water Meter Fee	Radio Read Meter	Meter Size _____ \$
	Fire Suppression System	Meter Size _____ \$
Water Impact Fee	\$3,000 per EDU	# of EDU's _____ \$
New Service Connection Fee	\$2,600 per EDU (if done by Town of Dagsboro)	# of EDU's _____ \$
Capital Improvement Impact Fee	\$2,500 per EDU	# of EDU's _____ \$
Police Protection Impact Fee	Total Project Cost X .25%	
Fire Dept. Impact Fee	Total Project Cost X .25%	
Amb Service Impact Fee	Total Project Cost X .25%	

**Total Due** \$ \_\_\_\_\_

**B: ALL OTHERS**

Total Cost of Improvements: \_\_\_\_\_ X 1% = \$ \_\_\_\_\_  
 (\$50 Minimum Fee)

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

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

Approved

Denied

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

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