

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

DESCRIPTION (Be Specific)

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

Electrical

Gas

Mechanical

Plumbing System

Install	Install	Install	Install
Alter	Alter	Alter	Alter
Repair	Repair	Repair	Repair
Remove	Remove	Remove	Remove
Convert	Convert	Convert	Convert
Replace	Replace	Replace	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 \$340	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: _____