

Town of Dagsboro
Building Permit Application - **RESIDENTIAL**

I. General Info:

Applicant Name: _____
Address: _____
Phone # _____
Contractor Name: _____
Address: _____
Phone # _____
Building Site Address: _____
Subdivision _____ Lot# _____
Tax Map Parcel # _____

II. Type and Cost of Building:

A. Type of Improvement

- New Building
- Addition
- Alteration
- Repair, Replacement
- Demolition
- Moving (relocation)
- Foundation only

B. Proposed Use

Residential

- One Family
- Garage
- Carport
- Other – Specify _____

C. Dimensions

Number of Stories _____
Number of Bedrooms _____
Number of bathrooms _____
Sq. ft. of building _____

III. SELECTED CHARACTERISTICS OF BUILDING: For new buildings and additions only, complete parts E-F.

D. Principal Type of Frame

- Masonry (wall bearing)
- Wood Frame
- Structural Steel
- Reinforced Concrete
- Other – Specify _____

E. Principal Type of Heating Fuel

- Gas
- Oil
- Electricity
- Coal
- Other – Specify _____

F. Building Setbacks

Front _____ (30 ft)
R. Side _____ (15 ft)
L. Side _____ (15 ft)
Back _____ (10 ft)

FEE SCHEDULE:

A. NEW RESIDENTIAL CONSTRUCTION (ONLY):
 TOTAL SQUARE FOOTAGE: _____

Fees	Cost	Total
Building Permit	Sq. Ft. of Constr. X \$85 X 1.25% (minimum \$50.00)	
Fire Dept. Impact Fee	Construction Value X 0.25%	
Ambulance Service Impact Fee	Construction Value X 0.25%	
Water Meter 5/8-3/4 (R)	\$200.00 each	
Public Service Impact Fee	\$1500.00	
Water Impact Fee	\$3000.00	

Total Due: _____

B. ALL OTHERS:

Total Cost of Improvements: _____ X 1.25% = \$ _____
 Minimum \$50.00

2 Copies of Plans and specifications (including two copies of a recent survey of property) must be submitted at the time of the application is filed at the Town Hall. 1 electronic copy of plan and survey is required as well 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.

Signature of Applicant _____ Date _____

Approved by: _____, Planning & Zoning (Chairperson) Date: _____

Approved by: _____, Town of Dagsboro Building Inspector Date: _____

Permit # _____ Certificate of Occupancy – Issue Date _____

Date Issued _____

Zoning Residential

Total Square Footage _____

REQUIREMENT

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.

The Blue prints and land plat must be approved by the Town of Dagsboro Planning and Zoning Commission.

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

Informational Phone Numbers:

- Sussex County Planning & Zoning Dept. (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
- DE State Police – Non-Emergency (302)855-2980
- Justice of the Peace Court #3 (302)856-1445

OFFICE USE ONLY

Permit # _____

Applicant _____

Date Issued _____

On Site Inspections:

Footing: _____

_____ **Date:** _____

Foundation: _____

_____ **Date:** _____

Framing: _____

_____ **Date:** _____

Insulation/Energy: _____

_____ **Date:** _____

Final: _____

_____ **Date:** _____

Inspected by: _____

Signature

Print