



Zoning Certification, Building Permit & Occupancy Permit Application Form 2

General

Applicant (Company) Name: _____

Contact Person: _____

Project Title/Name/Address: _____

Town Assigned Project Review Application Number (from Form 1): _____

List other application form(s) submitted for this project with approval dates:

Form _____	Date Approved _____
Form _____	Date Approved _____
Form _____	Date Approved _____
Form _____	Date Approved _____

Estimated cost of Construction \$ _____

Payment amount, required at time of Application (Form 2) Submittal: \$ _____

Refer to Fee Schedule in Chapter 128, Town of Bridgeville Code. Payment amount is from total in following table.

Permit Fee Item	Required Fee	Amount of Payment
Building Permit Cost (% of Est. Cost.)		
Connection Fee		
Sewer Inspection		
Sewer Impact Fee		
Water Impact Fee		
Meter Pit		
Water Tapping		
Water Meter		
Library Fund		
Fire/EM Fund		
EM #2		
C/O		
Zoning		
Delinquent Charges (Clean Hands Policy)		
TOTAL		

Date Form 2 Received by Town: _____

Received by: _____



TOWN OF BRIDGEVILLE

101 N. MAIN STREET
BRIDGEVILLE, DE 19933

BUILDING, WATER, SEWER PERMIT APPLICATION

Important- Complete ALL items. Mark boxes where applicable.

I. Location Of Building	Number & Street	Zoning
	N E S W Side of _____	(Other identification)

II. TYPE AND COST OF CONSTRUCTION – All applicants complete Parts A-D

A. Type of Improvement <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter number housing units, added. If any in part D) <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolish (If multifamily residential, enter number of units in building in Part D) <input type="checkbox"/> Sewer Tap <input type="checkbox"/> Water Tap	D. Proposed Use- (For Demolish, Most recent use) Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or more families –Enter number of units _____ <input type="checkbox"/> Transient hotel, motel or Dormitory- Enter number of Unit's _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other- Specify _____	Non-residential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public, utility <input type="checkbox"/> School, Library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other- Specify _____
B. Ownership <input type="checkbox"/> Private (Individual, corporation, nonprofit, institution, etc.) <input type="checkbox"/> Public (Federal, State or Local Government)	C. Cost (Omit Cents) TOTAL COST OF IMPROVEMENT: _____ Describe, Alteration, Repair, Addition, Water Tap and/or Sewer Tap: _____	
Non-residential- Describe in detail proposed use of buildings _____ _____ _____		

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E-L for demolishing complete only Part J, for all others skip to IV.

E. Principal Type of Frame <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other-Specify _____	G. Lot Dimensions Width _____ Depth _____ Sq. ft. _____	J. Dimensions Number of stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Lot Coverage, % _____
F. Principal Type of Heating Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal - Wood <input type="checkbox"/> Other-Specify _____	H. Building Lines Front _____ R. Side _____ L. Side _____ Back _____	K. Number of off-Street Parking spaces _____ L. Residential Buildings Only Number of bedrooms _____ Number of bathrooms Full _____ Partial _____
I. Type of Mechanical Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No An elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. IDENTIFICATION – To be completed by all applicants

Name	Mailing address-Number, Street, City and State	Zip Code	Phone Number
1. Owner			
2. Contractor			
3. Architect			

SHOW DIMENSIONS ON REVERSE SIDE

Plans and Specifications must be submitted at the request of the Building Official and may be kept at his office for the length of time he feels is necessary.
 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 architect, contractor, builder and/or owner shall comply, in design construction and use of the proposed work with all codes and ordinances of the Town of Bridgeville, as well as the State Fire Codes and other applicable State and/or country regulations.

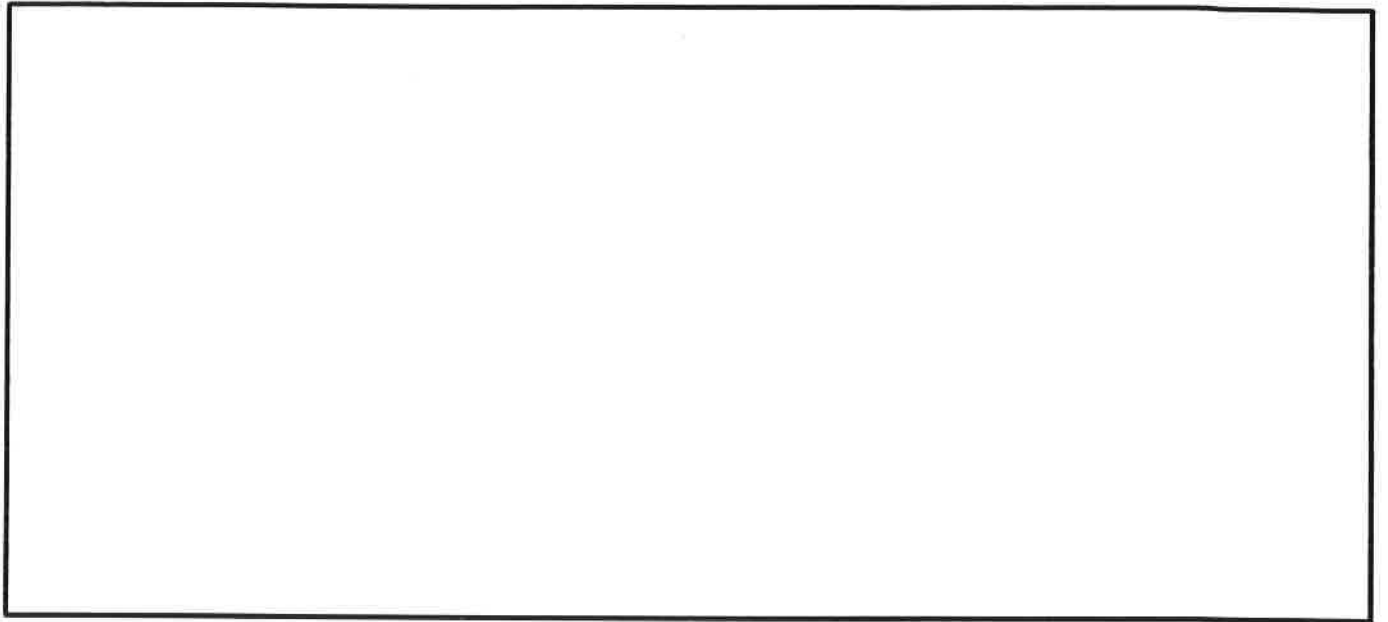
Signature of Applicant	Address	Application Date
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DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY

Sewer Impact	Water Impact	Sewer Impact	Inspection	Permit Fee	EM
Approved by		Total Permit Fee \$	Date Permit Issued	Permit #	Denied by

**AFTER COMPLETION OF THE PROJECT, YOU MUST CONTACT
THE CODE ENFORCMENT OFFICER AT 337-7135 FOR FINAL INSPECTION**

Show Location of Buildings on lot, indicating dimensions and street and alley locations. Designate North.



DO NOT WRITE BELOW THIS LINE

Foundation: _____

_____ Date

Frame: _____

_____ Date

Final: _____

_____ Date

Water Tap: _____

_____ Date

Sewer Tap: _____

_____ Date