

# CITY OF SEAFORD CODE DEPARTMENT

## BUILDING PERMIT APPLICATION

<b>Type of Construction:</b> (Check all that apply) <input type="checkbox"/> New Building <input type="checkbox"/> New Shell Building <input type="checkbox"/> Site Work <input type="checkbox"/> Existing Building – Addition <input type="checkbox"/> Existing Building – Repair <input type="checkbox"/> Existing Building – Alteration / Tenant Fit Out <input type="checkbox"/> Accessory Building (Shed, Detached Garage) <input type="checkbox"/> Residential - Single Family Home <input type="checkbox"/> Residential - Two Family (Duplex, Twin) <input type="checkbox"/> Residential - Multi-Family (Townhome, Apartment)	<b>Description of Work:</b> _____ _____ _____ _____ _____
<b>Project Street Address or Tax ID #:</b>	<b>Construction Cost:</b> (Attach Copy of Contract or Estimate) \$

Contacts	Name	Address	Phone Number (s)
Property Owner			
Contractor			
Delaware Licensed Electrician			
Delaware Licensed HVACR Contractor			
Delaware Registered Architect			
Delaware Professional Engineer			

***If an Authorized Agent is signing, you must provide a notarized Power of Attorney from the property owner.***

I \_\_\_\_\_, the  Owner or  Owner's Authorized Agent, agree to the following terms:  
 Print Name

- I hereby grant the City of Seaford, and its agents, permission to enter the above referenced property before and after permit issuance to verify the information on this application and perform inspections at any reasonable time.
- I understand that all debris must be removed from the site and disposed of in a lawful manner.
- I understand that a permit may be denied if the property listed on this application or the property owner has outstanding code violations &/or outstanding debt with the City of Seaford.
- I will contact Miss Utility at (811) to locate all existing utilities on and/or around the site prior to the commencement of work.
- I will contact the Delaware Department of Natural Resources and Environmental Control (DNREC) 7 to 10 days in advance of any demolition work taking place.
- I understand that DNREC, under the direction of the U.S. Environmental Protection Agency (EPA), requires an inspection of all materials being demolished for the purpose of identifying any hazardous materials.
- I will obtain a SUSSEX COUNTY BUILDING PERMIT (302-855-7720) prior to the start of construction.
- I understand that if a PERMIT is issued after this application, it should only be construed as a license to proceed with the work and should at no time be construed as authority to violate, cancel, alter or set aside any code, ordinance or regulation.
- I will comply with all codes, ordinances, laws and regulations of the City of Seaford, Sussex County Delaware, State of Delaware and the United States of America.
- I understand that this structure may not be occupied for its intended use until a CERTIFICATE OF OCCUPANCY &/OR COMPLIANCE is issued by the City of Seaford.
- I understand that any deviation from the information provided on this application, or from anything shown on the approved plans or other documents submitted, may be grounds for the Building Official to revoke any permit issued and/or denial of the issuance of a CERTIFICATE OF OCCUPANCY &/OR COMPLIANCE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF SEAFORD USE ONLY—Review Worksheet**

<b>Received By:</b> _____		<b>Date:</b> _____		<b>Ownership:</b> <input type="checkbox"/> Private <input type="checkbox"/> Public	
<b>Tax Map &amp; Parcel #:</b> _____		<b>PID #:</b> _____		<b>Zoning District:</b> <input type="checkbox"/> R-1 <input type="checkbox"/> C-1 <input type="checkbox"/> M-1 <input type="checkbox"/> R-2 <input type="checkbox"/> C-2 <input type="checkbox"/> M-2 <input type="checkbox"/> R-3 <input type="checkbox"/> C-3 <input type="checkbox"/> R-4	
<b>Flood Hazard Zone:</b> <input type="checkbox"/> Not applicable to this application. <input type="checkbox"/> X <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> AO <input type="checkbox"/> AR <input type="checkbox"/> A99 <input type="checkbox"/> AH <input type="checkbox"/> V <input type="checkbox"/> VE <input type="checkbox"/> D _____ Elevation				<b>Well Head Protection Overlay District:</b> <input type="checkbox"/> N/A (No GRA or WHPA on Site.) <input type="checkbox"/> Groundwater Recharge Area (GRA) on Site. <input type="checkbox"/> Well Head Protection Area (WHPA) on Site. Impervious Lot Coverage _____ %	
<b>Required</b>	<b>Completed</b>	<b>Building Setbacks (Code Requirement)</b> <input type="checkbox"/> N/A Front _____ Side _____ Rear _____		<b>Lot Coverage:</b> <input type="checkbox"/> N/A Code _____ % Proposed _____ %	
		<b>Building Setbacks (Proposed)</b> <input type="checkbox"/> N/A Front _____ Side _____ Rear _____		<b>Current Use:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot	
		<b>Proposed Use:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial			
X		City of Seaford - Finance Department:		<b>Financial Good Standing Ordinance Compliance</b>	
		City of Seaford - Board of Adjustment:		<b>Variance</b>	
		City of Seaford - Board of Adjustment:		<b>Special Use Exception</b>	
		City of Seaford - P & Z / Mayor and Council:		<b>Sketch Site Plan Approval</b>	
		City of Seaford - P & Z / Mayor and Council:		<b>Preliminary Site Plan Approval</b>	
		City of Seaford - P & Z / Mayor and Council:		<b>Final Site Plan Approval</b>	
		City of Seaford - Model Energy Code Worksheet:		<b>New Building ComCheck Form</b>	
		City of Seaford - Public Works Department:		<b>Water / Sewer / Site Plan Review</b>	
		City of Seaford - Public Works Department:		<b>EXECUTED EASEMENTS FOR WATER/SEWER MAINS</b>	
		City of Seaford - Electric Department:		<b>Electric Service Review</b>	
		City of Seaford - Electric Department:		<b>EXECUTED EASEMENTS FOR ELECTRIC LINES</b>	
		City of Seaford - City Engineer:		<b>Plan Review</b>	
		City of Seaford - Code Department		Building Code _____ Use & Occupancy Class _____	
		Construction Type _____		Design Occupant Load _____ Fire Sprinkler <input type="checkbox"/> yes / <input type="checkbox"/> no	
		Special Stipulations &/or Conditions: <input type="checkbox"/> N/A _____			
		City of Seaford - Code Department		<b>Zoning Ordinance Review</b>	
		City of Seaford - Code Department		<b>SIP or RBP Covenants Review</b>	
		City of Seaford - Code Department		<b>Standard Design Specifications Review</b>	
X		City of Seaford - Code Department		<b>Fee Calculation Worksheet</b>	
		Delaware - DFM - Architectural Accessibility Board :		<b>Plan Review</b>	
		Delaware - DHSS – Office of Food Protection:		<b>Public Food Establishment Plan Review</b>	
		Delaware - DHSS – Health Systems Protection:		<b>Public Swimming Pool Plan Review</b>	
		Delaware - DHSS – Office of Drinking Water :		<b>Water Main “Approval To Construct”</b>	
		Delaware - DNREC – Division of Water Resources :		<b>Sanitary Sewer Construction Permit</b>	
		Delaware - DNREC – Asbestos Mgmt. Program :		<b>Renovations - Attach EPA FORM to permit</b>	
		Delaware - DNREC – Boiler Safety :		<b>Post-Permit final inspection required</b>	
		Delaware - DNREC – Sussex Conservation District:		<b>Stormwater Management / E&amp;S Plan Review</b>	
		Delaware - DOT - South District Entrance Review:		<b>Entrance Plan Review</b>	
		Delaware - DOT - South District Utility Permit:		<b>Utility Plan Review</b>	
		Delaware - DPR - Board of Cosmetology:		<b>Plan Review</b>	
		Delaware - SFPC - Office of The State Fire Marshal:		<b>Building Plan Review</b>	
		Delaware - SFPC - Office of The State Fire Marshal:		<b>Site Plan Review</b>	
		U.S. - Army Corp of Engineers:		<b>Federal 404 Wetland Site Plan Review</b>	
		Sussex County - Mapping & Addressing Dept.:		<b>Street Name Approval and/or Address Assignments</b>	
Review Performed By: _____		Date: _____		Permit # _____	
Approved for Permit Issuance By: _____		Date: _____		Date Issued: _____	