## TOWN OF FRANKFORD BUILDING PERMIT APPLICATION

	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 #	
TOWN BUSINESS LICENSE #	
STATE BUSINESS LICENSE #	
DESCRIPTION (Be Specific)	
Type of Improvement	
New Building	
Addition	
Alteration	
Repair	
Replacement	
Demolition	
Moving (Relocation)	
Garage/Carport	
Shed	
Deck	
Pool	
Fence	
Tenant Fit-Out	
Other	

Circle All That Apply				
Electrical	Gas	Mechanical	Plumbing System	
Install	Install	Install	Install	
Alter	Alter	Alter	Alter	
	Repair	Repair	Repair	
Remove	Remove	Remove	Remove	
Convert	Convert	Convert	Convert	
Replace	Replace	Replace	Replace	
Description				
Lot Dimensions	Width:	Depth:	SQFT:	
New Building Setba	acks	Front:		
(For New Construction & Additions)		Back:		
		Right Side:		
		Left Side:		
Principal Type Fran				
[]Masonry []Wo	od [] Structural	Steel [ ] Reinforced Concre	te [ ] Other:	
<u>Dimensions</u>			" (Dalla a casa	
# of Sto	ries	_# of Bedrooms	# of Bathrooms	
		FEE SCHEDU	LE	
A. New Construct	ion			
Total Square Fo	ootage:			
Total Project Co	ost:			

Building Permit Application Fee	\$50.00	\$
Permit Fee	1.25% of construction cost <b>OR</b> 1% of renovation/repair	\$
Building Impact Fee	\$500.00 per EDU	# of EDU's
Fire & Ambulance Impact Fee	Total Project Cost X 0.50%	\$
TOTAL DUE		\$

## **B.** Renovations, Repairs, Tenant Fit-Out, Demolition or Other

Building Permit Application Fee	\$50.00	\$
Permit Fee	1% of renovation/repair	\$ 
TOTAL DUE		\$

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 Frankford, as well as the State Fire Codes and other applicable State and/or County Regulations.

Date

The following documents must be attached prior to receiving a Town Permit:

Certificate of Occupancy Issue Date:

Signature of Applicant

2 Copies of Plans and Specifications (electronic copy may be requested)
Sussex County Building Code Review Letter/Permit
Survey of Property
Contractor/Sub-Contractor's Frankford Business License
Water Service Application (For New Homes or Commercial Structure)

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Requirements:	
	ed by the State of Delaware and the Town of Frankford
	ensed by the State of Delaware and the Town of Frankford
If one is acting as their own ge must ensure all sub-contrac	eneral contractor and they are not normally engaged in that line of business, they ctors are properly licensed
Building permit fees, impact fe	es, and meter fees must be paid at the time of the submission of the application
For new construction, a stake	out inspection for placement and setbacks will be required by the Town
After completion of new constr	ruction, a final Certificate of Occupancy inspection will be required by the Town
Sussex County Planning and Zoning	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
Building Inspector:	
[ ] Approved	
Denied Reason:	
Data Jaguardi	D ". "
Date Issued:	Permit #: