



TOWN OF CAMDEN
P.O. Drawer 1002
Camden, DE 19934
(302) 697-2299

Before You Dig
Call Miss Utility
1-800-282-8555

BUILDING PERMIT

A. IDENTIFICATION - APPLICANT: Complete all applicable information. When ready for inspection or when changing Contractors call 697-2299, 48 hours in advance.

Work Site Location _____ Lot No. _____
 Subdivision _____
 Tax Map No. _____
 Owner _____
 Address _____

TEL: () _____
 Contractor _____
 Address _____
 TEL: () _____
 Camden Business License No. _____

JOB SUMMARY (Office Use Only)

Plan Review	Date	Initial	Inspections Type	Failure	Dates (Month/Day)	Approval	Initial
() No Plans Req.	_____	_____	Footings	_____	_____	_____	_____
() All	_____	_____	Foundation	_____	_____	_____	_____
() Footing	_____	_____	Slab	_____	_____	_____	_____
() Foundation	_____	_____	Frame	_____	_____	_____	_____
() Other	_____	_____	Foundation	_____	_____	_____	_____
Code Review	_____	_____	Rough-in	_____	_____	_____	_____
() Zoning	_____	_____	Insulation	_____	_____	_____	_____
() Setbacks	_____	_____	Close-in	_____	_____	_____	_____
() Fire	_____	_____	Finishes	_____	_____	_____	_____
() Health	_____	_____	Energy	_____	_____	_____	_____
() License	_____	_____	Mechanical	_____	_____	_____	_____
Date	_____	_____	Other	_____	_____	_____	_____
Permit Approved by:	_____	_____	T.C.O.	_____	_____	_____	_____
KCD	_____	_____	Final (C.O.)	_____	_____	_____	_____
FM	_____	_____	{CO Electrical}	_____	_____	_____	_____
BOH	_____	_____	{CO Plumbing}	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use _____
 Change of Use (y/n) _____ If yes, from _____
 Type of Construction _____
 No. of Stories _____
 Height of Structure _____ FT
 Area - Largest Floor _____ Sq. FT
 Total Bldg. Area/All Floors _____ Sq. FT
 No. of Individual Units _____
 Total Land Area Disturbed _____ Sq. FT

Est. Cost of Bldg. Work

1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. Accessory \$ _____
 4. Total \$ _____

Date Received _____ Permit No. _____
 Date Issued _____
C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application, and will perform all work in accordance with the applicable Codes and Ordinances.

Print Name _____ Signature _____ Date _____
D. TECHNICAL SITE DATA - Plot Plan required for all projects except interior renovations, roofing and siding. Construction plans required for all projects except roof, siding and fences.

E. DATE OF COMPLETION _____

TYPE OF WORK	Height	Linear FT	FEE (Office Use Only)
() New Building	_____	_____	_____
() Addition	_____	_____	_____
() Alteration	_____	_____	_____
() Roofing	_____	_____	_____
() Siding	_____	_____	_____
() Other	_____	_____	_____
() Demolition	_____	_____	_____
() Miscellaneous	_____	_____	_____
() Fence	_____	_____	_____
() Sign	_____	_____	_____
() Pool	_____	_____	_____
() Elevator	_____	_____	_____
() Interior Renovation	_____	_____	_____
() Other	_____	_____	_____

F. BUILDING CHARACTERISTICS

Use _____
 Change of Use (y/n) _____ If yes, from _____
 Type of Construction _____
 No. of Stories _____
 Height of Structure _____ FT
 Area - Largest Floor _____ Sq. FT
 Total Bldg. Area/All Floors _____ Sq. FT
 No. of Individual Units _____
 Total Land Area Disturbed _____ Sq. FT

(Office Use Only)

Paid () Check No. _____ Cash () Visa () MC () DR ()
 Collected by _____
 Total Fee \$ _____

1. Original - File
 2. Copy - Applicant
 3. Copy - Inspector
 4. Copy - Assessor

APPLICANT'S COPY TO POSTED IN FRONT WINDOW ASAP

Permit Fee Calculations

<u>Commercial base units</u>	<u>Standard</u>	<u>Square Feet (S.F.)</u>
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NOTE: Standard fees per square foot (s.f.) determined by Marshall & Swift Valuation

Retail	\$ _____	\$ _____
Warehouse	\$ _____	\$ _____
Pole building	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____
Offices	\$ _____	\$ _____
Medical clinics	\$ _____	\$ _____
Hotels / lodges	\$ _____	\$ _____
Other (all other commercial buildings)	\$ _____	\$ _____
Fit Outs	\$ _____	\$ _____

<u>Commercial Accessory structures</u>	<u>Standard</u>	<u>Square Feet (S.F.)</u>
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Fence (commercial)	\$ 200.00 (flat rate)	_____
Fence (commercial replacement only)	\$ 100.00 (flat rate)	_____
Signs (permanent)	\$ 7.00 s.f.	_____
Signs (temporary less than 30 days)	\$ 50.00	_____
Signs (temporary 30 – 90 days) (Temporary sign placement not to exceed 90 days)	\$ 100.00	_____
Temporary trailers	\$ 60.00 ea.	_____

NOTE: Standard fees per square foot (s.f.) determined by Marshall & Swift Valuation

Storage shed or pole structure	\$ _____	_____
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M&S value _____	x	3.5% under 15,000 s.f. (TOC fee)	=	_____
M&S value _____	x	4% over 15,000 s.f. (TOC fee)	=	_____
M&S value _____	x	10% fit out only (TOC fee)	=	_____
M&S value _____	x	.25% (CWFD fee)	=	_____

TOTAL PERMIT FEE \$ _____

(Standards are in accordance with Kent County and all fee calculations are set by Ordinance #78)

All plans may require review from one or all of the following entities:

Miss Utility (Call Before You Dig)

Camden ID #298

TEL: 1.800.282.8555

Camden Wyoming Sewer & Water Authority

16 S. West Street, Camden, DE 19934

TEL: 302.697-6372

FAX: 302.697.2735

WEB: www.cwswa.com

Delaware Department of Transportation

Transportation Circle, Dover, DE 19903

TEL: 302.760.2077

WEB: www.deldot.gov

Chesapeake

S. Queen Street, Dover, DE 19903

TEL: 800.282.8555

Delmarva Power (Connectiv)

P.O. Box 637, Millsboro, DE 19996

TEL: 1.800.375.7117

State of Delaware Fire Marshall

Dover, DE 19901

TEL: 302.739.5665

Kent Conservation District

Dover, DE 19901

TEL: 302.697.6176

First State Inspections (Electrical)

Dover, DE 19904

TEL: 1.800.468.7338

Outside DE / MD: 302.856.3517

State of Delaware Division of Public Health (Plumbing)

Dover, DE 19904

TEL: 302.744.1220

State of Delaware Division of Public Health (Board of Health)

Dover, De 19904

TEL: 302.744.1220

Commercial Construction Procedures

CONTRACTORS

The contractor of record as well as all sub-contractors must acquire a Town of Camden Business License. A current State of Delaware business license and certificate of liability will be required in addition to the \$200 fee, payable by check, Visa, Master Card, Discover Card or cash. (Applications may be found on the website, www.townofcamden.com, or visiting Town Hall)

NOTE: To avoid a cease desist order, please make sure all contractors are licensed.

INSPECTIONS

The following inspections will be required:

- Footer(s)
- Frame
- Rough-in / Insulation
- Close-in
- Certificate of Occupancy (CO)

NOTE: All inspections are scheduled by the Land Use Department by leaving a telephone message at 302-697-2299 ext. 12.

48 hour notification is required for all inspections. NO EXCEPTIONS

- A request made for a.m./p.m. the inspection will be scheduled for a.m./p.m. 48 hours after the request is made.
 - Cut off for calling in inspection requests is 3:30 p.m.
- Cancellation of Inspections
 - A cancelled inspection request must be received 24 hours prior to the scheduled inspection.
- Re-Inspections
 - Failed inspections must re-schedule following the above inspection process and pay a \$75 re-inspection fee
 - Inspections cancelled without 24 hour notice must be re-scheduled following the above inspection process and pay a \$75 re-inspection fee