



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

**B. BUILDING CHARACTERISTICS**

Use \_\_\_\_\_  
 Change of Use (y/n) \_\_\_\_\_ If yes, from \_\_\_\_\_  
 Type of Construction \_\_\_\_\_  
 No. of Stories \_\_\_\_\_ FT  
 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 \$ \_\_\_\_\_

**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.

Date Received \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_

**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.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

E. DATE OF COMPLETION		DESCRIPTION OF WORK	FEE (Office Use Only)
TYPE OF WORK	DATE		\$
<input type="checkbox"/> New Building	_____	_____	_____
<input type="checkbox"/> Addition	_____	_____	_____
<input type="checkbox"/> Alteration	_____	_____	_____
<input type="checkbox"/> Roofing	_____	_____	_____
<input type="checkbox"/> Siding	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Demolition	_____	_____	_____
<input type="checkbox"/> Miscellaneous	_____	_____	_____
<input type="checkbox"/> Fence	_____	Height _____ Linear FT	_____
<input type="checkbox"/> Sign	_____	Sq. FT	_____
<input type="checkbox"/> Pool	_____	_____	_____
<input type="checkbox"/> Elevator	_____	_____	_____
<input type="checkbox"/> Interior Renovation	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

**(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

# Permit Fee Calculations

<u>Commercial base units</u>	<u>Standard</u>	<u>Square Feet (S.F.)</u>	<u>TOTAL</u>
<b>NOTE: Standard fees per square foot (s.f.) determined by Marshall &amp; Swift Valuation</b>			
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>	<u>TOTAL</u>
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.		_____
Demolition	\$ 150.00	up to 15,000 sq. ft.	_____
Demolition	\$ 300.00	over 15,000 sq. ft.	_____

**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)	=	_____
M&S value _____	x	.25% (CR Fund)	=	_____

**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](http://www.cwswa.com)

**Delaware Department of Transportation**

Transportation Circle, Dover, DE 19903

TEL: 302.760.2077

WEB: [www.deldot.gov](http://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](http://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) (**fee & application required**)

*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

2 South Main Street  
P.O. Drawer 1002  
Camden, DE 19934  
(302) 697-2299  
(302) 697-9115

**TOWN OF CAMDEN**  
**Land Use Department**

**CERTIFICATE OF OCCUPANCY COMPLETION REQUEST FORM**

Request Date \_\_\_\_\_ Permit # \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Residential     | <input type="checkbox"/> Commercial                         |
| <input type="checkbox"/> Dwelling        | <input type="checkbox"/> Building Shell                     |
| <input type="checkbox"/> Accessory       | <input type="checkbox"/> Complete Building                  |
| <input type="checkbox"/> Interior Finish | <input type="checkbox"/> Temporary Certificate of Occupancy |

Project Address \_\_\_\_\_ Bldg \_\_\_\_\_ Suite # \_\_\_\_\_

Project Name \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Occupancy Load \_\_\_\_\_

Use Classification \_\_\_\_\_

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Building Owner \_\_\_\_\_ Address \_\_\_\_\_

Requested By \_\_\_\_\_ Phone \_\_\_\_\_

(Please print clearly)

***To be completed by Land Use Department Staff***

Inspection	Date Final Inspection	Inspection Performed by	Released (Y/N or NA)
Certificate of Occupancy			
Electrical (Final)			
Plumbing (Final)			
Kent Conservation (Final)			
Board of Health			
Fire Marshall			
Termite Inspection			

*All requests must be accompanied with a fee of \$55.00 for the final inspection. Request will be processed within 48 hours. Additional information may be necessary to approve Certificate of Occupancy.*

(Office Use Only)

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Paid ( ) Check No. \_\_\_\_\_ Cash ( ) Visa ( ) MC ( ) DR ( )

Fee Collected by \_\_\_\_\_

Total Fee Due **\$55.00**