



**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	Failure	Dates (Month/Day)	Initial
Plan Review	Date		Type		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"/> Other	_____	_____	Foundation	_____	_____	_____
<b>Code Review</b>			Rough-in	_____	_____	_____
<input type="checkbox"/> Zoning	_____	_____	Insulation	_____	_____	_____
<input type="checkbox"/> Setbacks	_____	_____	Close-in	_____	_____	_____
<input type="checkbox"/> Fire	_____	_____	Finishes	_____	_____	_____
<input type="checkbox"/> Health	_____	_____	Energy	_____	_____	_____
<input type="checkbox"/> License	_____	_____	Mechanical	_____	_____	_____
Date	_____	_____	CWS/WA	_____	_____	_____
Permit Approved by:	_____	_____	T.C.O.	_____	_____	_____
KCD	_____	_____	Final (C.O.)	_____	_____	_____
FM	_____	_____	{CO Electrical}	_____	_____	_____
BOH	_____	_____	{CO Plumbing}	_____	_____	_____
			CWS/WA	_____	_____	_____

**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 \$ \_\_\_\_\_

APPLICANT'S COPY TO POSTED IN FRONT WINDOW ASAP

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.

**DESCRIPTION OF WORK**

**E. DATE OF COMPLETION**

TYPE OF WORK	Height	Linear FT	FEE (Office Use Only)
<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	_____	_____	\$ _____
<input type="checkbox"/> Sign	_____	_____	\$ _____
<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

<b>Residential Base Unit</b>	<b>Standard</b>	<b>Brick</b>	<b>Total</b>
One Story	\$ 55.00 s.f.	\$ 58.00 sq. ft.	\$ _____
One and one half story	\$ 50.00 s.f.	\$ 54.00 sq. ft.	\$ _____
Split and Bi-Level	\$ 50.00 s.f.	\$ 54.00 sq. ft.	\$ _____
Two Story	\$ 50.00 s.f.	\$ 54.00 sq. ft.	\$ _____
Townhouse	\$ 48.00 s.f.		\$ _____

<b>Foundation Only</b>	<b>Standard</b>	<b>Square Feet (S.F.)</b>
Crawl Space	\$ 6.00 s.f.	_____
Basement	\$ 13.00 s.f.	_____

<b>Extras in new dwellings</b>	<b>Standard</b>	<b>Brick</b>	<b>Number or S.F.</b>
Full bath	\$1,200.00 (flat rate)		_____
Half bath	\$ 850.00 (flat rate)		_____
Prelab fireplace	\$1,250.00 (flat rate)		_____
Masonry fireplace	\$3,250.00 (flat rate)		_____
Finish basement	\$ 4.50 s.f.		_____
Open deck or porch	\$ 8.50 s.f.		_____
Porch with roof	\$ 13.00 s.f.		_____
Porch enclosed (unfinished)	\$ 19.00 s.f.		_____
Renovations (non-structural)	\$ 4.50 s.f.		_____
Attached garage	\$ 13.00 s.f.	\$ 16.00 s.f.	_____
Detached garage	\$ 16.00 s.f.	\$ 19.00 s.f.	_____

Value _____	x	3.5 % (TOC fee)	=	_____
Value _____	x	.25 % (CWFD fee)	=	_____
Value _____	x	.50 % (CRCF fee)	=	_____

**TOTAL PERMIT FEE** \$ \_\_\_\_\_

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

# Permit Fee Calculations

<u>Residential Alterations / Additions</u>	<u>Standard</u>	<u>Number or S.F.</u>
Additional room	\$ 50.00 s.f.	_____
Finish basement	\$ 9.00 s.f.	_____
Bath (add'l + room sq. ft.)	\$ 300.00 s.f.	_____
Siding / roofing	\$ 35.00 s.f. (flat rate)	_____
Open deck or porch	\$ 8.50 s.f.	_____
Porch w/ roof	\$ 14.00 s.f.	_____
Porch enclosed (unfinished)	\$ 22.00 s.f.	_____
Renovations (structural)	\$ 25.00 s.f.	_____
Windows / door replacement	\$ 35.00 (flat rate)	_____
Wood / pellet stove or equal	\$ 200.00 (flat rate)	_____
Fireplace	\$ 500.00 (flat rate)	_____
Chimney	\$1,000.00 (flat rate)	_____
Other (undefined home repairs)	\$ 35.00 (minimum)	_____
Demolition	\$ 150.00 up to 15,000 sq. ft.	_____

<u>Residential Accessory Structures</u>	<u>Standard</u>	<u>Square Feet (S.F.)</u>
Agricultural buildings	\$ 30.00 s.f.	_____
Attached garage	\$ 13.00 s.f.	_____
Detached garage	\$ 16.00 s.f.	_____
Carport	\$ 6.00 s.f.	_____
Pool (+ \$10 for every \$1,000 of value)	\$ 50.00	_____
Shed (less than 100 sq. ft.)	\$ 7.00 s.f.	_____
Shed (more than 100 sq. ft.)	\$ 10.00 s.f.	_____
Fence (residential partial yard)	\$ 50.00 (flat rate)	_____
Fence (residential full yard)	\$ 75.00 (flat rate)	_____
Fence (residential replacement only)	\$ 50.00 (flat rate)	_____
Value _____	x 1.75 % (TOC fee) =	_____
Value _____	x .25 % (CWFD fee) =	_____
<b>*Note: Minimum fee \$35.00</b>	<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

*(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.cswsa.com](http://www.cswsa.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

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## 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

## **Residential 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 \$100 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
- Final (for accessories including decks, fences, sheds, pools)
- Certificate of Occupancy (CO) for new construction
- **(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<br><input type="checkbox"/> Dwelling<br><input type="checkbox"/> Accessory<br><input type="checkbox"/> Interior Finish | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Building Shell<br><input type="checkbox"/> Complete Building<br><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