



City of Dover - BUILDING PERMIT APPLICATION

15 Lookerman Plaza ♦ Dover, Delaware 19901 ♦ (302) 736-7010 ♦ FAX (302) 736-4217
permitsandlicenses@dover.de.us

Project Address/Tax Parcel Identification Number	
Applicant's Name	
Owner Name and Address _____	Phone # () _____
E-mail address: _____	
Contractor Name and Address _____	Phone # () _____
E-mail address: _____ Dover Business License # _____	
BUILDING DETAILS	
Proposed Occupancy _____ Type of Construction _____ Change in Occupancy or Use? Yes or No If yes, describe the previous use _____	Type of work: () New () Addition () Demolition () Renovation – Interior ___ Exterior ___ () Roof – tear off ___ overlay ___ # of layers _____ () Alteration () Siding () Solar panels () Full Building Demolition () Selective Demolition () Fence - Height _____ () Pool () Elevator () Shed () OTHER _____
Number of Stories _____ Total Height in Feet _____ Total Land Area to be Disturbed (in SF) _____ Proposed Occupant Load _____ Square Footage All Floors _____ Total Work Area (in SF) _____	Description of Work: Estimated Value of Construction: _____
Sprinkler System? Yes or No _____ Fire Alarm System? Yes or No _____	

**Before You Dig! Call Miss Utility 1-800-282-8555 or other authorized locator.
Attention! Please post your issued permit on site and visible from the street.**

Office Use Only	
Permit Number _____	
Roll Plans	Fold Plans CD/Email
Date Received _____	
Date Issued _____	
Flood Plain Y N Taxes Y N	
Public Works Y N KCD Y N	
Impact Fee Fixtures Sheet Y N	
C/O Required _____	
Review Approvals	
() Building Plan	Date____ Initials____
() Fire Plan	Date____ Initials____
() Zoning / Site Plan	Date____ Initials____
Total Fee _____	
Fees Paid () _____	
Check # _____ Cash _____ Credit _____	
Collected By _____	

Certification in Lieu of Oath I hereby certify that I am the owner of record or a contractor authorized by the owner of record to make this application, and that all work will be performed in accordance with the applicable Codes and Ordinances. _____ Signature _____ Print Name _____ Date
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