



**Application for Plan Examination,
Residential Building Permit
City of Harrington Code Enforcement**

Submit Date _____

Re-Submit Date _____

Applicant

Property _____ Tax Map No. _____		Estimated Cost of Project: _____
Contractor Name _____ Address _____ City _____ State ____ Zip ____ Phone _____ Fax _____	Applicant Name _____ Address _____ City _____ State ____ Zip ____ Phone _____ *Email _____	Architect, Engineer, Other Name Name _____ Address _____ City _____ State ____ Zip ____ Phone _____ Fax _____
*AS APPLICANT YOU ARE ACTING AS AGENT FOR OWNER OF RECORD		Applicant Signature _____ Date _____

Application Type _____ Foundation Only _____ Renewal	_____ Single Family-Attached (Townhouse) _____ Single Family-Detached	_____ Two Family Dwelling _____ Demolition _____ Other (Specify) _____
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Structure Information

Principle Type of Frame ___ Masonry ___ Wood Frame ___ Structural Steel ___ Metal ___ Reinforced Concrete ___ Other (detail below) _____	Outside Agency Permit Numbers DELDOT _____ State Fire Marshall _____ Kent Conservation _____ Public Health _____ Corner Lot? ___ Yes ___ No	<i>*All contractors and subcontractors must have a current Contractor's License in order for permit to be issued.</i> <i>Please attach a list of all contractors and subcontractors to the back of this application who will be involved in building process.</i>
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Permit Number

For Office Use Only

Applicable Fees	
a. ZCC Fee (318)	\$ _____
b. Bldg. Permit Fee (315)	\$ _____
1. Building Permit	\$ _____
2. Plan Review	\$ _____
c. Demolition Permit (319)	\$ _____
d. Site Inspection (137)	\$ _____
e. Infrastructure Inspection (320)	\$ _____
f. Water Impact (055)	\$ _____
g. Sewer Impact (069)	\$ _____
h. Sewer Connection (65)	\$ _____
i. Water Connection (058)	\$ _____
j. Water Meter (054)	\$ _____
k. Sprinkler Fee (317)	\$ _____
l. Community Impact (095)	\$ _____
Total Fees Due:	\$ _____

Clean Hands
Property Taxes _____
Utilities _____
Misc. Billing _____
Violations _____
Balance Due \$ _____
Verified by: _____
<i>*Please refer to Chapter 180 of the General Code for all building permit fees and calculations.</i>
Zoning Approval
District _____
Use _____
Setbacks (Principle Structure)
Front _____ Side _____ Rear _____
Height _____
Easements _____
Flood Plain _____ Panel _____
Source Water Protection Area?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information / Comments

Permit Approved

Authorized Signature _____ Date _____

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

Miss Utilities (Call Before You Dig)

Tel: 1-800-282-8555

Delaware Department of Transportation

Transportation Circle, Dover, DE 19903

Tel: 302-760-2077

Chesapeake Utilities

S. Queen Street, Dover, DE 19903

Tel: 302-734-6700

Delmarva Power (Conectiv)

P.O. Box 637, Millsboro, DE 1996

Tel: 1-800-375-7117

Comcast

Tel: 1-877-288-7495

Verizon

Tel: 1-866-921-0769

State of DE Fire Marshall

Dover, DE 19901

Tel: 302-739-5665

Kent Conservation District

Dover, DE 19901

Tel: 302-697-6176

**Please note that all electrical and plumbing inspections will be performed third party and is the obligation of the applicant to make all necessary inspection arrangements.*