

This is an application only - if approved, permit will be mailed to applicant.

MAYOR & COUNCIL OF NEW CASTLE
 Building Department
 900 Wilmington Rd.
 New Castle, DE 19720 • 302/322-9813 • Fax 302/323-2144



APPLICATION FOR
 PLAN EXAMINATION AND
 BUILDING PERMIT
 REQUEST FOR HISTORIC
 REVIEW CERTIFICATE

IMPORTANT — Applicant to complete all items in sections: I, II, III IV, and V.

I. LOCATION OF BUILDING

AT (LOCATION) _____ Zoning District _____
 (NO.) _____ (STREET) _____
 BETWEEN _____ AND _____
 (CROSS STREET) _____ (CROSS STREET) _____
 SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING — All applicants complete Parts A — D

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 Alteration (See 2 above)
- 4 Repair, replacement (Explain in Sec. IV)
- 5 Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6 Moving (relocation)
- 7 Foundation only
- 8 Fence, sign

D. PROPOSED USE — For "Wrecking" most recent use

Residential

- 12 One family
- 13 Two or more family — Enter number of units _____
- 14 Transient hotel, motel, or dormitory — Enter number of units _____
- 15 Garage
- 16 Carport
- 17 Other — Specify _____

Nonresidential

- 18 Amusement, recreational
- 19 Church, other religious
- 20 Industrial
- 21 Parking garage
- 22 Service station, repair garage
- 23 Hospital, institutional
- 24 Office, bank, professional
- 25 Other — Specify _____

B. OWNERSHIP

- 9a Private (individual, corporation, nonprofit institution, etc.)
- 9b Public (Federal, State, or local government)

C. COST

- 10 Cost of improvement \$ _____
To be installed but not included in the above cost
 - a. Electrical _____
 - b. Plumbing _____
 - c. Heating, air conditioning _____
 - d. Other (elevator, etc.) _____
- 11 TOTAL COST OF IMPROVEMENT \$ _____

(Omit cents)

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E — J; for wrecking, complete only Part H; for signs complete Part K.

E. PRINCIPAL TYPE OF FRAMING

- 30 Masonry (wall bearing)
- 31 Wood frame
- 32 Structural steel
- 33 Reinforced concrete
- 34 Other — Specify _____

G. TYPE OF MECHANICAL

- Will there be central air conditioning?
- 40 Yes 41 No
- Will there be an elevator?
- 42 Yes 43 No

H. DIMENSIONS

- 44. Number of stories _____
- 45. Total square feet of floor area, all floors, based on exterior dimensions _____
- 46. Total land area, sq. ft. _____

I. NUMBER OF OFF-STREET PARKING SPACES

- 47. Enclosed _____
- 48. Outdoors _____

J. RESIDENTIAL BUILDINGS ONLY

- 49. Number of bedrooms _____
- 50. Number of bathrooms
 - Full _____
 - Partial _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 Gas
- 36 Oil
- 37 Electricity
- 38 Coal
- 39 Other — Specify _____

NOTE!

The Building Inspector requires dimensioned plot plans, floor plans, specifications, etc. before a permit will be issued for all structural changes, additions, etc.

NO. _____ STREET _____

K. DESCRIPTION OF SIGN

- 51. Type of Sign _____
- 52. Dimensions of sign. Length _____ Width _____ Thickness _____ Area _____
- 53. Projection beyond building line _____ Clear height above sidewalk _____
- 54. If roof sign, give distance back from the edge of roof _____
- 55. Material constructed of _____ Weight _____
- 56. Remarks: (State clearly method of operation and attachment, giving size of bolts, chains, anchors, etc.)

IV. DESCRIPTION OF PROPOSED WORK — For Applicant Use — Attach two copies of Plans and Specifications

SPECIAL NOTE FOR HISTORIC REVIEW CERTIFICATE APPLICATION

Describe in detail the nature and scope of all proposed work. Supplemental plans and/or drawing showing all pertinent architectural features and materials to be used are required when any architectural additions or alterations are involved.

V. IDENTIFICATION — To be completed by all applicants

| Name | | Mailing Address — Number, Street, City, and State | ZIP Code | Tel. No. |
|--------------------------------|--|---|--------------------------|----------|
| 1. Owner or Lessee | | | | |
| | | | | |
| 2. Contractor | | | Builder's License No. | |
| | | | | |
| 3. Architect or Engineer | | | | |
| | | | | |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

| | | |
|------------------------|---------|------------------|
| Signature of Applicant | Address | Application Date |
|------------------------|---------|------------------|

VI. ZONING PLAN EXAMINERS OR BOARD OF ADJUSTMENT NOTES

DISTRICT _____

USE _____

FRONT YARD _____

SIDE YARD _____

SIDE YARD _____

REAR YARD _____

NOTES _____

VII. HISTORIC AREA COMMISSION

DATE RECEIVED _____

HISTORIC AREA REVIEW FEE _____

DATE OF INITIAL ACTION BY COMMISSION _____

CERTIFICATE ISSUED # _____

ACTION AND/OR
RECOMMENDATION _____

COMMISSION VOTE

APPROVED DENIED TABLED

| | | | |
|-------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AUTHORIZED SIGNATURE _____

DATE _____

VIII. VALIDATION

Building Permit Number _____

Building Permit Issued _____

Building Permit Fee \$ _____

Renewal Fee \$ _____

Certificate of Occupancy \$ _____

MSC Approval _____
Date

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved By: _____