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

CITY OF NEW CASTLE
Building Department
220 Delaware Street
New Castle, DE 19720
302-322-9801 • Fax-302-322-9814

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

I. LOCATION OF BUILDING
   AT (LOCATION) ____________________________
   (NO) ____________________________
   (STREET) ____________________________
   BETWEEN ____________________________ AND ____________________________
   (CROSS STREET) ____________________________
   SUBDIVISION ____________________________
   LOT __________ BLOCK __________
   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

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

C. COST
   10 Cost of improvement ____________________________
      (Omit cents)
      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 ____________________________

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 ____________________________

F. PRINCIPAL TYPE OF HEATING FUEL
   35 ☐ Gas
   36 ☐ Oil
   37 ☐ Electricity
   38 ☐ Coal
   39 ☐ 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

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

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 ____________________________

51. Other — Specify ____________________________
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address — Number, Street, City, and State</th>
<th>ZIP Code</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Owner or Lessee
2. Contractor
3. Architect or Engineer

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

AUTHORIZED SIGNATURE

DATE

VIII. VALIDATION

Building Permit Number

Building Permit Issued

Building Permit Fee $  

Renewal Fee $  

Certificate of Occupancy $ 

MSC Approval  

FOR DEPARTMENT USE ONLY

Use Group 

Fire Grading 

Live Loading 

Occupancy Load 

Approved By:

Date