

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

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

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

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement (Explain in Sec. IV)</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Fence, sign</p>	<p>D. PROPOSED USE — For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other — Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Other — Specify _____</p>
<p>B. OWNERSHIP</p> <p>9a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9b <input type="checkbox"/> Public (Federal, State, or local government)</p>		

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

<p>E. PRINCIPAL TYPE OF FRAMING</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other — Specify _____</p>	<p>G. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>40 <input type="checkbox"/> Yes 41 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>42 <input type="checkbox"/> Yes 43 <input type="checkbox"/> No</p>	<p>H. DIMENSIONS</p> <p>44. Number of stories _____</p> <p>45. Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>46. Total land area, sq. ft. _____</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other — Specify _____</p>	<p style="text-align: center;">NOTE!</p> <p>The Building Inspector requires dimensioned plot plans, floor plans, specifications, etc. before a permit will be issued for all structural changes, additions, etc.</p>	<p>I. NUMBER OF OFF-STREET PARKING SPACES</p> <p>47. Enclosed _____</p> <p>48. Outdoors _____</p>	<p>J. RESIDENTIAL BUILDINGS ONLY</p> <p>49. Number of bedrooms _____</p> <p>50. Number of bathrooms</p> <p style="padding-left: 40px;">Full _____</p> <p style="padding-left: 40px;">Partial _____</p>

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
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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 _____	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Building Permit Issued _____	
Building Permit Fee \$ _____	
Renewal Fee \$ _____	
Certificate of Occupancy \$ _____	
MSC Approval _____	Approved By: _____
Date _____	

