



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

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

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 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement (Explain in Sec. IV) 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Fence, sign	D. PROPOSED USE — For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Other — Specify _____ _____ _____
B. OWNERSHIP 9a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9b <input type="checkbox"/> Public (Federal, State, or local government)		
C. COST 10 Cost of improvement \$ <i>To be installed but not included in the above cost</i> 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other — Specify _____	G. TYPE OF MECHANICAL Will there be central air conditioning? 40 <input type="checkbox"/> Yes 41 <input type="checkbox"/> No Will there be an elevator? 42 <input type="checkbox"/> Yes 43 <input type="checkbox"/> 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 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other — Specify _____	<p style="text-align: center;">NOTE!</p> <p style="text-align: center;">The Building Inspector requires dimensioned plot plans, floor plans, specifications, etc. before a permit will be issued for all structural changes, additions, etc.</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	Please Print Name	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

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AUTHORIZED SIGNATURE _____

DATE _____

VIII. VALIDATIONBuilding
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: _____

[illegible]