

Town of Milton
 115 Federal St
 Milton, DE 19968



www.milton.delaware.gov
 Phone: 302-684-4110
 Fax: 302-684-8999

BUILDING PERMIT APPLICATION
Items in Red Must Be Completed

Property Owner: _____

Tax Map ID No. _____ **Taxes Paid:** _____ **Rel. No:** _____

Floodplain y/n if yes additional information required **confirmed by** _____ **Zoning District:** _____

Location: _____

Subdivision: _____ **Lot:** _____ **Block:** _____ **Size:** _____

HOA Approval (if applicable) ___ yes ___ no

<p><u>Contractor</u> NAME:</p> <p>_____</p> <p>ADDRESS:</p> <p>_____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____</p>	<p><u>Applicant</u> (IF DIFFERENT FROM OWNER) NAME:</p> <p>_____</p> <p>ADDRESS:</p> <p>_____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____</p>	<p><u>Architect, Engineer, Other</u> NAME:</p> <p>_____</p> <p>ADDRESS:</p> <p>_____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____</p>
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<u>APPLICANT SIGNATURE:</u>	<u>DATE:</u>	<u>ADDRESS:</u>	<u>TELEPHONE:</u>
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***AS APPLICANT YOU ARE ACTING AS AGENT FOR THE OWNER OF RECORD**

APPLICATION TYPE

- | | | |
|---|---|---|
| <input type="checkbox"/> ADDITION RESIDENTIAL | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> POOL ___ ABOVE GRND ___ BELOW GRND |
| <input type="checkbox"/> ADDITION COMMERCIAL | <input type="checkbox"/> NEW CONST. – COM./IND. | <input type="checkbox"/> PUBLIC WORKS OR UTILITIES |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> NEW CONST. – RESIDENTIAL | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> DEMOLITION – HP-OD | <input type="checkbox"/> RENOVATION --RESIDENTIAL | <input type="checkbox"/> SHED |
| <input type="checkbox"/> FENCE | <input type="checkbox"/> RENOVATION - COMMERCIAL | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> OTHER (DESCRIBE BELOW) | | |

ESTIMATED COST:

BRIEF DESCRIPTION OF WORK:

OFFICE USE ONLY BELOW THIS LINE

ZONING APPROVAL

DISTRICT: _____ USE: _____ FLOODPLAIN: _____ FIRM PANEL # _____

FLOODPLAIN MANAGEMENT DOCUMENTS PROVIDED TO APPLICANT _____

PRECONSTRUCTION ELEVATION CERTIFICATE PROVIDED _____

HISTORIC DISTRICT: _____ APPROVAL DATE: _____

NOTES:

PLAN APPROVAL

DATE RECEIVED: _____ BY: _____ DATE APPROVED: _____ BY: _____

SIGNATURE: _____

PERMIT APPROVAL

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____ -