

**Town of Milton**  
 115 Federal St  
 Milton, DE 19968



[www.milton.delaware.gov](http://www.milton.delaware.gov)  
 Phone: 302-684-4110  
 Fax: 302-684-8999

**BUILDING PERMIT APPLICATION**  
**ALL SECTIONS MUST BE COMPLETE**

Property Owner: \_\_\_\_\_

Location: \_\_\_\_\_

HOA Approval (if applicable)  yes  no

<p><b><u>Contractor</u></b>  <b>NAME:</b>        _____</p> <p><b>ADDRESS:</b>        _____</p> <p><b>CITY:</b> _____ <b>ST:</b> _____</p> <p><b>ZIP:</b> _____</p>	<p><b><u>*Applicant</u></b> (IF DIFFERENT FROM OWNER)  <b>NAME:</b>        _____</p> <p><b>ADDRESS:</b>        _____</p> <p><b>CITY:</b> _____ <b>ST:</b> _____</p> <p><b>ZIP:</b> _____</p>	<p><b><u>Architect, Engineer, Other</u></b>  <b>NAME:</b>        _____</p> <p><b>ADDRESS:</b>        _____</p> <p><b>CITY:</b> _____ <b>ST:</b> _____</p> <p><b>ZIP:</b> _____</p>
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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)		

TEMPORARY STRUCTURES TO BE PLACED ONSITE (dumpster, storage trailer, portable toilet(s), etc.) Y or N  
If yes, contact Code Enforcement Officer

**ESTIMATED COST:**  
 \_\_\_\_\_

**Continued on back**

**DESCRIPTION OF WORK:**

**APPLICANT SIGNATURE:**

**DATE:**

**ADDRESS:**

**TELEPHONE:**

**OFFICE USE ONLY BELOW THIS LINE**

**PLANNING/ZONING APPROVAL**

DISTRICT: \_\_\_\_\_ USE: \_\_\_\_\_ FLOODPLAIN: \_\_\_\_\_ FIRM PANEL # \_\_\_\_\_

FLOODPLAIN MANAGEMENT DOCUMENTS PROVIDED TO APPLICANT \_\_\_\_\_

PRECONSTRUCTION ELEVATION CERTIFICATE PROVIDED \_\_\_\_\_

BOARD OF ADJUSTMENT REQUIRED: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

HISTORIC DISTRICT: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

NOTES:

Tax Map ID No. \_\_\_\_\_ Taxes Paid: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Size: \_\_\_\_\_

**PLAN APPROVAL**

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PERMIT APPROVAL**

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_