

Town of Cheswold  
1856



State of Delaware  
1787

## Building Permit Application New Construction

No.: \_\_\_\_\_ Street: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

**\*\*Construction Plans must be Pre-Submitted\*\***

**Construction/Improvement Type:** *(Select type that applies to application request)*

One Store	Condominium
One ½ Stories	Structural Alteration
Two Story	HVAC
Detached Garage	New Plumbing
Multi-Family	Residential Addition
Townhouse	Community Building

**DESCRIPTION and PROJECT COSTS:**

**Foundation Type:** Slab on Grade Crawl Space Basement Piers

**Framing Type:** Wood Steel Masonry Concrete

**Building Sq. Ft.:** \_\_\_\_\_ **# Bedrooms:** \_\_\_\_\_ **# Baths:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Length:** \_\_\_\_\_

**Cost of Construction:** \_\_\_\_\_

**IDENTIFICATION and CERTIFICATION:**

**Property Owner's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contractor's License #:** \_\_\_\_\_

I, the undersigned, own the above referenced property or have been authorized to act as agent for the owner.

**Print Name of Applicant:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application **will not be process** if required documents are not submitted with the application.  
Please **allow three (3) business days** for plan review and permit processing