



Town of South Bethany

402 Evergreen Road
South Bethany, DE 19930
PH 302-539-3653 / Fax: 302-539-7576
townhall@southbethany.org

Application For Building Permit

Date of Application: _____ Permit No. BP _____

Property Location: _____ PIDN: _____

Name of Owner: _____ Phone # _____

Street Address _____ City/Town _____ State _____ Zip _____

Other Permits: DNRC Permit No. _____ Sussex County Permit No. _____

Construction Information

New ___ Addition ___ Repairs ___ Renovation ___ Deck ___ Patio ___ Driveway ___ Demo ___

Other ___

Description of Work: _____

Construction Cost / Value

Cost/Value of Proposed Construction: _____ **Note:** Signature of this document certifies that the cost information is true and correct and that it includes all cost items related to this work including labor, materials, demolition and supervision.

Applicants Information

Print Applicants Name: _____ Phone # _____

Street Address _____ City/Town _____ State _____ Zip _____

General Contractor: _____ Phone # _____

Street Address _____ City/Town _____ State _____ Zip _____

Plans/Drawings provided: Yes ___ No ___ Survey/Site Plan Provided: Yes ___ No ___

Lot Area _____ Living Area _____ Non-Living Area _____

Floor Area _____ Living Area Ratio _____ 60% max. Floor Area Ratio _____ 71% max.

Setbacks: Front _____ Rear _____ Sides _____ Flood Zone _____

Footings: Poured Concrete _____ Pilings _____ Roof Pitch _____ No. of Bathrooms _____

A Certificate of Compliance / Occupancy is required: Yes _____ No _____

An Elevation Certificate and Final As-built Survey is required prior to issuance of Certificate of Compliance / Occupancy: Yes _____ No _____

Applicants Certification

I hereby certify that I am the owner of record of the named property, or that I have been authorized by the owner of record to make this application as authorized agent and that I assume the responsibility for the establishment of official property lines and required setbacks prior to start of construction, and agree to conform to all applicable codes and laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Permit fee calculation: Based on min. fee: _____ Based on area: _____

Permit Fee: \$ _____ **Paid by:** Check: No. _____ Cash: \$ _____

Applicants Signature: _____ **Date:** _____

Mercantile License # _____ **Note: A Mercantile License is required for all subcontractors.**
Notice: All sub-contractors are required to have a Mercantile License from the Town.

Any changes to the work described herein for which this permit is issued requires additional review and evaluation.

Work hours are from 8:00 am to 6:00 pm Monday through Friday from May 15 until September 15. No construction on Saturdays during this period. No construction on Sundays or National Holidays. Construction on Saturdays is permitted from September 15 until May 15.