

TOWN OF OCEAN VIEW, DELAWARE

BUILDING PERMIT APPLICATION *(PLEASE PRINT)*

OV PERMIT #: _____

201 Central Avenue – 2nd Floor • 19970 • (302) 539-1208 ext: 110 – FAX: (302)-537-5306 • EMAIL: permits@oceanviewde.gov

CONSTRUCTION:

Location: _____ **Costs:** \$ _____
Street Name Unit

Owner(s): _____ **Phone:** (____) _____

Builder/Contractor: _____ **Phone:** (____) _____

Address: _____ **City/State/Zip:** _____

PERMIT REQUESTED FOR: Dwelling Unit __, Addition __, Commercial Unit __, Deck / Paver / Concrete Patio __, Screened / Covered Porch __, Fence / Sidewalk / Driveway __, Accessory Structure __, Roof __, Demolition __, Repair / Renovate / Tenant Fit Out __, Irrigation __, Swimming Pool / Spa __, Geo-Thermal __, Docks / Piers __, Mechanical System __, Solar Panels __, Well *(Non-Potable)* __, Temp. Storage Structure __, Move Structure __, Dumpster __, Other _____.

Briefly Describe Proposed Work:

- **TOWN & COUNTY PERMIT PLACARDS MUST BE POSTED & VISIBLE AT THE JOBSITE.**
- *Silt Fence and/or construction entrance must be completed before construction can begin (when applicable).*
- *Building Permit will expire if work for which the permit is issued has not begun within ninety (90) days of issuance.*
- *Documentation requested by the Town Administrative Official will be provided before a final inspection can be scheduled and/or completed for issuance of a Certificate of Zoning Compliance (CO) from the Town of Ocean View.*
- *Failure to obtain a Certificate of Zoning Compliance (CO) from the Town of Ocean View upon completion is a violation of the Town Code and subject to penalties. (Contact 302-539-1208 ext. 111, 112 or 113 to schedule inspection for CO).*
- *All contractors, sub-contractors and other service providers must be licensed by the Town of Ocean View.*
- **Construction hours:** 7A - 7P Monday - Friday, 8A - 7P on Saturday, NONE on Sunday *(except homeowner).*

Having read the requirements and regulations listed above, I attest that all of the information provided on this permit application is true and accurate and that I will adhere to the approved plans and comply with the Ocean View Town Code.

Signature of Applicant: _____ Date: _____

Town Use Only

Receiver of permit: _____ T / A
OV PIDN: _____ . _____ **Sussex CTM #: 134 -** _____ . _____ - _____ **OVBL #** _____
HOA: __ **SLD:** __ **Survey:** __ **Three (3) copies of plan(s):** __ **Contract:** __ **PDF of plans:** __ **Other:** _____

Required for Issuance of CO:

As Built Survey: __ **Elevation Certificate:** __ **SLD As Built:** __ **Other:** _____

FINALS - Electric: _____ **Plumbing:** _____ **County:** _____ **FMO:** _____ **Town CO:** _____

(To be completed by the T.A.O.)

PARCEL - Zoned: _____ **Flood Zone:** _____ **Wetlands:** _____ **P&Z / BOA:** _____ **Community:** _____

_____ \$ _____
Administrative Official Approval **Permit Approval/Issuance Date** **PERMIT FEE**