

**TOWN OF OCEAN VIEW, DELAWARE**

*To County* \_\_\_\_\_

**BUILDING PERMIT APPLICATION** (PLEASE PRINT)

**OV PERMIT #:** \_\_\_\_\_

201 Central Avenue – 2<sup>nd</sup> Floor • 19970 PHONE: (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:** \_\_\_\_\_

**Builder/Contractor Email:** \_\_\_\_\_

**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