



NEW CASTLE COUNTY

Building Permit Application NonResidential Building / Addition / Renovation / Repair

DEPARTMENT OF LAND USE

87 READS WAY, NEW CASTLE, DE 19720

PHONE: 302-395-5400 • WWW.NCCDELU.ORG • EMAIL: PERMITS@NCCDE.ORG

EST. 10/01/2015

JOB LOCATION

Tax Parcel No. _____ [_____]

Street Address/City/Zip _____

Lot No. _____ Subdivision/Project Name _____

OWNER/TENANT INFORMATION

Business Name and Contact _____

Phone No. _____ Email _____

CONTRACTOR INFORMATION

NCC License No. _____ Company Name _____

Contact Name _____

Phone No. _____ Email _____

ACKNOWLEDGEMENT

I, the undersigned, hereby certify that I am an authorized agent for the contractor/owner (see NCC Authorized Agent form) and have the authority to make this application; that the information is complete and correct; and that the construction and/or use will conform to New Castle County code and other applicable laws and regulations which relate to the property.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Tenant Name _____

A/P No. _____

New Building or Addition Total Floor Area _____ SF Bldg Footprint _____ SF

Tenant Fitout/Renovation/Repair Total Floor Area _____ SF

Use Group* _____ Construction Type _____ No. of Stories _____ No. of New Elevators _____

Check all that apply to project: HVACR Plumbing Sprinkler System Fire Alarm Food Prep area

Sewage: Public Septic Water: Public Well

Project Valuation _____ Shell Only Project with future tenant fitout

Project Description _____

*For Mixed Use Projects – define the Const Type and Total Floor Area for each Use in the description area

NOTE TO APPLICANTS – NCC reserves the right to refuse permit applications/submissions with incomplete or missing information. Applicants are required to write "n/a" if an item on the form does not apply to the proposed project.