

## **NEW COMMERCIAL CONSTRUCTION / INTERIOR RENOVATION / ADDITION BUILDING PERMIT APPLICATION**

Revised 12/17/2018

- Plans will not be accepted or will be returned without review if information is incomplete.
- It is the responsibility of the general contractor to ensure they and their sub-contractors are licensed to operate in the City of Milford.
- No permit will be issued if property owner is delinquent of City taxes or utilities or has open code violations.
- Prior to applying for a permit, all requirements must be met with Planning & Zoning Department.
- Be aware that some streets in Milford are State owned and maintained. In order to undertake construction on a State maintained road, for either an entrance or utility construction, DelDOT approval is required.
- Once the City has reviewed and approved your application, including the conclusion of a preconstruction meeting for new commercial projects, you will be contacted with the permit cost and where permit can be picked up. This usually takes approximately 3-5 business days.
- Upon receiving your Building Permit Placard, please **DISPLAY** it in a conspicuous place from the street. If placard is not displayed, no inspections will be conducted until corrected.
- **NOTE:** In most cases for new commercial construction, a preconstruction meeting needs to be held prior to a building permit being created. The City of Milford Public Works Director (Mark Whitfield / 422-1110 ext 1173 / [mwhitfield@milford-de.gov](mailto:mwhitfield@milford-de.gov)) is responsible for scheduling this meeting. Detailed utility drawings showing how the building will connect to City services must be submitted prior to a preconstruction meeting being held. These drawings are to include sizes and locations of water lines, sewer lines, water meters, and sewer clean outs as well as the location of the electric meter pan and electric transformer.

\*Complete the Electric Permit Application *in its entirety* and contact **Jennifer Anderson-Electric Operations Manager (302) 422-1110 X 1135 or Timmy Barnett-Line Forman (302) 422-1110 x-1134** to schedule an on-site meeting with the owner/contractor.

\*\*Complete the Water Utility Permit Application *in its entirety* and contact **Steve Ellingsworth- WP & WW Operations Supervisor 422-1110 ext 1107** to schedule an on-site meeting with the owner/contractor.)

\*\*\* **If work being conducted is in Sussex County (302-855-7860), you need to contact them to determine if a county permit is necessary** \*\*\*

## **Sealed Construction Plan Requirements**

Construction plans for any use other than residential shall bear the *Seal of an Architect/Engineer* currently registered in the State of Delaware-State Board of Professional Registration or a Professional Engineer licensed with the Delaware Association of Professional Engineers (D.A.P.E). Any portion of the plans which involve engineering is to be sealed by a professional engineer practicing in the appropriate discipline and currently registered within the D.A.P.E.

- **Two sets of sealed construction plans and One electronic copy w/ seals** of construction plans in Adobe (.pdf) format.

These plans are to be *submitted with the permit application*. Plans should show sufficient detail to ensure code compliance. The Architect/Engineer is to provide a **code review summary** stating the **design criteria**. Design Criteria can be found on line in Chapter 88 of the City Code.

### **Plans are to include:**

- Foundation plans and details
- Floor plan (s)
- Typical cross section (s)
- Americans with Disabilities Act standards (ADA compliance)
- Civil (site plans) & Utility plans in NAD 83 state plane coordinates

## **Design Requirements for Commercial Building Permit Applications**

Please note that the following requirements must be submitted at time of permit application for all commercial projects: City of Milford is currently under the **2012 IBC**.

1. The ***use and occupancy***, as defined in Chapter 3 of the 2012 International Building Code.
2. The ***type of construction***, as defined in Chapter 6 of the 2012 International Building Code.
3. The design ***occupant load***, as per the 2012 International Building Code.
4. If an ***automatic sprinkler system is provided***, whether the sprinkler system is required, as per the 2012 International Building Code.

Please make sure that your design professional provides this information on your construction documents, and provides this information in the required fields on this permit application.

# **Delaware Department of Transportation Approval**

*The property owner must be in possession of any or all DelDOT permits prior to applying for a City of Milford building permit.*

Some streets in the City of Milford are owned and maintained by the State of Delaware, Department of Transportation. In order to undertake construction on such a street, for either an entrance or utility construction, DelDOT approval is required.

## **Entrance Permits:**

If a vacant parcel on a state maintained road does not have an existing entrance, a DelDOT entrance permit is required. An entrance permit must be obtained by the property owner before a City of Milford building permit can be issued. In order to obtain a DelDOT entrance permit, the City of Milford must issue a letter of zoning compliance to the property owner. To obtain a letter of zoning compliance, the property owner must make a formal request to the Planning & Zoning Department. The owner or designated representative is responsible for forwarding the letter to DelDOT and applying for the entrance permit. *Please contact the **Planning & Zoning Department** at (302) 424-8396 to request a letter of zoning compliance.*

## **Utility Permits:**

In order to tie into City water and/or sewer utilities that are located in a state maintained road, a utility permit must be approved by DelDOT. The City of Milford is required to apply for this permit on behalf of the property owner. The property owner must have an on-site meeting with the Water and Wastewater Department Superintendent and any issues must be resolved before the City will apply for the DelDOT utility permit. A building permit cannot be issued until DelDOT has approved the utility permit. *Please contact the **Water and Wastewater Department Superintendent** at (302) 422-1110 ext 1107 with any questions.*

## **PLEASE NOTE:**

- \* Required inspections, found on your copy of the building permit, require ***24 hours advanced notice.***
- \* Before you dig, please call ***Miss Utility at 1-800-282-8555*** to have them mark utility lines. This is a free service.
- \* City of Milford will not pick up construction debris. It is the responsibility of the contractor or homeowner to ensure trash is contained and disposed of in a timely manner.

# REQUIRED DOCUMENTS

(Please check off & return this page along with the following documents with the building permit application)

\_\_\_\_\_ 2 sets of sealed construction plans (*see requirements on page 2*)  
1 Electronic copy (w/seals) of plans in .PDF format (*see requirements on page 2*)  
1 copy of the site plan indicating:  
    Location of existing & proposed utilities including location of electrical transformer

\_\_\_\_\_ New Commercial/Addition Construction Building Permit Application Form (*Please see attached*)

\_\_\_\_\_ Fixture Unit Calculations Form (*Please see attached*)

\_\_\_\_\_ Fire Protection Plan Review Report

**KENT COUNTY**  
State Fire Marshall's Office  
1537 Chestnut Grove Rd  
Dover, DE 19904  
PH: (302) 739-4394

**SUSSEX COUNTY**  
State Fire Marshall's Office  
RD 3, Box 15A  
Georgetown, DE 19947  
PH: (302) 856-5298

*A Fire Protection System Submittal is required for all fire alarm, sprinkler, hood exhaust, and hood suppression systems.*

\_\_\_\_\_ Delaware State Plumbing Office Approval

Office of Engineering  
43 S Dupont Hwy  
Dover, DE 19901  
PH: (302) 741-8640

\_\_\_\_\_ Sediment & Storm Water Management Plan

**KENT COUNTY**  
Conservation District  
800 Bay Road, Ste 2  
Dover, DE 19901  
PH: (302) 741-2600 x3

**SUSSEX COUNTY**  
Conservation District  
23818 Shortly Rd  
Georgetown, DE 19947  
PH: (302) 856-3990 x3

\_\_\_\_\_ Delaware Department of Transportation Approval (*Please see attached*)

**KENT COUNTY**  
Central District Headquarters  
930 Public Safety Blvd  
Dover, DE 19901  
PH: (302) 760-2433

**SUSSEX COUNTY**  
South District Headquarters  
US 113 & Road 431  
Georgetown, DE 19947  
PH: (302) 853-1342

[www.deldot.gov](http://www.deldot.gov)

\_\_\_\_\_ Health Department Approval (*when involving food service*)

Delaware Health Department  
PO Box 637  
Dover, DE 19903  
PH: (302) 744-4546

# NEW COMMERCIAL / INTERIOR RENOVATION / ADDITION CONSTRUCTION BUILDING PERMIT APPLICATION

Type of Permit:  NEW  INTERIOR  ADDITION

CONTRACTOR/BUILDER: \_\_\_\_\_

CONTRACTOR/BUILDER ADDRESS: \_\_\_\_\_

CONTRACTOR/BUILDER PHONE: \_\_\_\_\_

CONTRACTOR/BUILDER CELL: \_\_\_\_\_

CITY OF MILFORD  
CONTRACTOR LICENSE #:

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BUSINESS/PROPERTY OWNER: \_\_\_\_\_

BUSINESS/PROPERTY OWNER PHONE: \_\_\_\_\_

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PROPERTY/SITE ADDRESS: \_\_\_\_\_

TAX PARCEL ID NUMBER: \_\_\_\_\_

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HEATED SQ FT: \_\_\_\_\_

UNHEATED SQ FT: \_\_\_\_\_

TOTAL SQ FT: \_\_\_\_\_

**TOTAL COST OF PROJECT:** \$ \_\_\_\_\_

USE AND OCCUPANCY CLASSIFICATION: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

DESIGN OCCUPANT LOAD: \_\_\_\_\_

AUTOMATIC SPRINKLER SYSTEM REQUIRED: \_\_\_\_\_

## *Signature of Property Owner:*

It is the responsibility of the owner/contractor/agent to notify the Building Department of any deviations from the approved plans and to insure placement, area regulations, and setbacks are met.

I furthermore certify that I am authorized to grant, and do in fact grant, permission to the City of Milford zoning official and Building Inspector to enter onto the property noted on the City of Milford Building Permit for the purpose of inspections.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **FIXTURE UNIT CALCULATION FORM**

A list of existing and proposed fixture units must be provided in order to establish commercial EDU (Equivalent Dwelling Unit) classification. *EDU classification is required to calculate both City and County Impact Fees.*

FIXTURES <b><u>BEFORE</u></b> CONSTRUCTION		FIXTURES <b><u>AFTER</u></b> CONSTRUCTION	
Description	Number	Description	Number
3-Bowl commercial sink		3-Bowl commercial sink	
Washstand or lavatory		Washstand or lavatory	
Toilet		Toilet	
Bath or shower		Bath or shower	
Mop sink or service sink		Mop sink or service sink	
Flush urinal		Flush urinal	
Continuous flush urinal		Continuous flush urinal	
Convenience outlet		Convenience outlet	
Domestic dishwasher		Domestic dishwasher	
Commercial dishwasher		Commercial dishwasher	
Drinking fountain		Drinking fountain	
Garbage disposal		Garbage disposal	
Residential washing machine		Residential washing machine	
<b>TOTAL</b>		<b>TOTAL</b>	

Is a **Fire Connection** required for your building?  Yes  No

<b>If Yes... Indicate Size</b>				
<input type="checkbox"/> 2"	<input type="checkbox"/> 4"	<input type="checkbox"/> 6"	<input type="checkbox"/> 8"	<input type="checkbox"/> 10"

*The above information submitted by:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

# UTILITY PERMIT

**PLEASE CHECK ALL THAT APPLY:**

<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> WATER	<input type="checkbox"/> SEWER	<input type="checkbox"/> FIRE LINE
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TAX PARCEL ID # \_\_\_\_\_

**Site Address Information** (911 Address Only, Lot #'s will not be accepted.)

Address \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contractor License # (in-town only) \_\_\_\_\_

**Property Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

<b>UTILITY TO BE BILLED TO:</b>	<input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR
<b>LEVEL OF SERVICE:</b>	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL

**\*\*Office Use Only\*\***

<b>WATER / SEWER DEPARTMENT</b>	
<input type="checkbox"/> Commercial Meter	1" - \$350      2" - \$475
<input type="checkbox"/> Residential Meter	\$200
<input type="checkbox"/> Meter Connection	\$35.00
<input type="checkbox"/> City Water Impact	\$2,840
<input type="checkbox"/> City Sewer Impact	\$1,501
<input type="checkbox"/> Kent County Sewer Impact	\$2,576
<input type="checkbox"/> Sewer Cleanout	\$300
<input type="checkbox"/> Water Tap	\$1,575
<input type="checkbox"/> Sewer Tap	\$1,575
<input type="checkbox"/> Fire Line	2" - \$2,500 / 4" - \$3,000 / 6" - \$3,500 / 8" - \$4,000 / 10" - \$6,000
<input type="checkbox"/> Permit Fee	\$10.00

**TOTAL:** \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**DEPARTMENT APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This signature certifies that this permit application has been approved by the appropriate department and a permit may be generated. Work may commence upon payment of and receipt of permit.

DATE \_\_\_\_\_ TAX PARCEL ID # \_\_\_\_\_

**Site Address Information** (911 Address Only, Lot #'s WILL NOT be accepted.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ County Property Located In (circle): **KENT** **SUSSEX**

**Contractor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contractor License # (in-town only) \_\_\_\_\_

**Property Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**UTILITY TO BE BILLED TO:**

**OWNER**

**CONTRACTOR**

**LEVEL OF SERVICE:**

**RESIDENTIAL**

**COMMERCIAL**

**SERVICE REQUESTED**

**IMPACT FEES** (check service size and provide amp size):

- \_\_\_ OVERHEAD
- \_\_\_ UNDERGROUND
- \_\_\_ TEMPORARY
- \_\_\_ SERVICE CHANGE/UPGRADE
- \_\_\_ PRIVATE AREA LIGHTING

- \_\_\_ Single Phase (120/240) Amp Size \_\_\_\_\_
- \_\_\_ Commercial Three Phase (120/208) Amp Size \_\_\_\_\_
- \_\_\_ Commercial Three Phase (277/480) Amp Size \_\_\_\_\_
- \_\_\_ Industrial Three Phase (120/208) Amp Size \_\_\_\_\_
- \_\_\_ Industrial Three Phase (277/480) Amp Size \_\_\_\_\_

**\*\*Office Use Only\*\***

PERMIT # \_\_\_\_\_ CONTROL # \_\_\_\_\_

OVERHEAD CHARGE \$ \_\_\_\_\_ METER CONNECTION CHARGE \$ \_\_\_\_\_

UNDERGROUND CHARGE \$ \_\_\_\_\_ TEMPORARY SERVICE CHARGE \$ \_\_\_\_\_

MISCELLANEOUS CHARGES \$ \_\_\_\_\_ ELECTRIC IMPACT FEE \$ \_\_\_\_\_

PERMIT APPLICATION FEE \$ \_\_\_\_\_ **TOTAL DUE \$** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**ELECTRIC DEPARTMENT APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\* This signature certifies that this permit application has been approved by the Electric Dept and a permit may be generated. Work may commence upon payment of and receipt of permit\*\*\*



# Commercial/Industrial Electrical Load Sheet

Customer Name/Business Name: \_\_\_\_\_

Address/Location of Site: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

NEW SERVICE: \_\_\_\_\_ ADDITION TO EXISTING SERVICE: \_\_\_\_\_  
 PRIMARY METERING: \_\_\_\_\_ SECONDARY METERING: \_\_\_\_\_  
 OVERHEAD: \_\_\_\_\_ UNDERGROUND: \_\_\_\_\_

**SERVICE TYPE/SIZE:**

Single Phase (120/240)	_____	200 AMP	_____	400 AMP	_____	600 AMP	_____	800 AMP
Commercial Three Phase (120/208)	_____	200 AMP	_____	400 AMP	_____	600 AMP	_____	800 AMP
Commercial Three Phase (277/480)	_____	200 AMP	_____	400 AMP	_____	600 AMP	_____	800 AMP
Industrial Three Phase (120/208)	_____	200 AMP	_____	400 AMP	_____	600 AMP	_____	800 AMP
	_____	1000 AMP	_____		_____		_____	
Industrial Three Phase (277/480)	_____	200 AMP	_____	400 AMP	_____	600 AMP	_____	800 AMP
	_____	1000 AMP	_____	2000 AMP	_____	3000 AMP	_____	

**\*\*ALL COMMERCIAL SERVICES MUST HAVE A DISCONNECT PRIOR TO THE METER. (ALL VOLTAGES)\*\***

**COMPLETE THE FOLLOWING:**

Entrance Size: \_\_\_\_\_ AMP: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_  
 Wire Size: \_\_\_\_\_ # of Runs: \_\_\_\_\_ (Circle) Aluminum or Copper  
 Conduit Size: \_\_\_\_\_ # of Runs: \_\_\_\_\_

**COMPLETE THE FOLLOWING:**

Heat (Circle) Gas or Electric	_____	KW	_____	V	_____	Phase	_____	AMP
Air Conditioning	_____	KW	_____	V	_____	Phase	_____	AMP
Lighting	_____	KW	_____	V	_____	Phase	_____	AMP
Water Heater (Circle) Gas or Electric	_____	KW	_____	V	_____	Phase	_____	AMP
Receptacles	_____	KW	_____	V	_____	Phase	_____	AMP
Motor Loads (single phase)	_____	KW	_____	V	_____	Phase	_____	AMP
Range	_____	KW	_____	V	_____	Phase	_____	AMP
Total Connected:	_____	AMP:	_____					

Provide Information on Other Critical Electric Equipment: \_\_\_\_\_

**PROVIDE THE FOLLOWING:**

Date Services Needed: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Electrical Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_