

NEW COMMERCIAL CONSTRUCTION / INTERIOR RENOVATION / ADDITION BUILDING PERMIT APPLICATION

Revised 9/6/2019

- 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) 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 **the Electric Department (302) 422-1110** 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

_____ 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 #:

BUSINESS/PROPERTY OWNER: _____

BUSINESS/PROPERTY OWNER PHONE: _____

PROPERTY/SITE ADDRESS: _____

TAX PARCEL ID NUMBER: _____

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 <u>BEFORE</u> CONSTRUCTION		FIXTURES <u>AFTER</u> 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	
TOTAL		TOTAL	

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

If Yes... Indicate Size				
<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 # _____

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

****Office Use Only****

WATER / SEWER DEPARTMENT	
<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 # _____

Complete the Electric Permit Application *in its entirety* and contact the Electric Department (302) 422-1110 to schedule an on-site meeting with the owner/contractor.

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

- ___ OVERHEAD
- ___ UNDERGROUND
- ___ TEMPORARY
- ___ SERVICE CHANGE/UPGRADE
- ___ PRIVATE AREA LIGHTING

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

- ___ 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: _____