

Delaware County Building/Zoning Permit Application

Building Commissioner

Phone (765)747-7799

Permit#

Date Issued:

Please Print

Application Date:	Sidwell#	Township:	Township:	
Property Address (Leave blank if new):				
Property Owner:		Zoning:	Required Setbacks:	
Owner Phone:		Flood Zone:	Front: Rear:	
Owner email:		Property Size:	Sides:	

Project Type: O-Residential O-Commercial		Staked Off: O-No OYes		Driveway: O-New O-Existing	
O-Primary Structure O- Accessory Structure		State release r	State release required: O-No		
O-Mobile Home O-ModularHome O-Manufactured Ho		ome	O-Permanent	O-Temporary	Year Manufactured:
Basement sq/ft:	Job Description:	Job Description:			
1st Floor sq/ft:	Used For:	Used For:			
2nd Floor sq./ft:	Estimated Cost:	Estimated Cost: Total Rooms: Total Baths: Total HVAC		Total HVAC Units:	
Garage sq./ft.	O-Site Plan Submi	O-Site Plan Submitted (required)		O-IDEM Rule 5 Plan Submitted O-Not Req.	
Accessory St. sq./ft	O-Building Plan Su	O-Building Plan Submitted (required)		O-State Plan Release Received O-Not Req.	
Other/Misc. sq./ft.	O-Septic Plan Sub	O-Septic Plan Submitted O-Not Req.		O-Energy Ratings Submitted O-Not Req.	
Total Area sq/ft:	O-County Release	O-County Release		O-SWPPP (new residential/commercial)	

Building	\$ Permit #	General Contractor:			Reg#
Cert Of Occup.	\$	Contact Name/Number:			
Electrical	\$	Electric Contractor:		Reg#	
HVAC	\$	HVAC Contractor:		Reg#	
Plumbing	\$	Plumbing Contractor:		Reg#	
Total Fees	\$ Date Pd:		CH/CA/CC	Receipt#	

Applicant Signature:	Date:	
Health Dept/Sanitary Utility Approval:		Date:
County Surveyor Drain Clearance Approval:		Date:
County Engineer Driveway Approval:		Date:
Building Commissioner Approval:		Date:

OFFICE NOTES:	