TOWN OF ELLENDALE
BUILDING PERMIT APPLICATION

Date of Application: _____

Applicant's Name: _____

Address of Property: _____

Parcel #: ___230-_____ Lot #: _____ Subdivision Name_____

Owner(s) of Property: _____

Owner Phone #:_____ Owner Email:_____

Contractor: _____ Contractor Phone #: _____

Contractor Email: _____ Town of Ellendale Business License # **BL**_____

CONSTRUCTION INFORMATION

New _____ (building, garage, add to footprint) Demolition_____

Renovation: Exterior_____ Interior_____ Fence_____ Deck_____ Shed_____ Pool_____ Other_____

Dumpster Required?: Yes_____ No_____

Total Cost of Project/Labor & Material: $_____

Detailed Description for Scope of Work

Plans/Drawings Provided: _____ Survey/Site Plan Provided: _____

Certificate of Occupancy Required when complete?: Yes_____ No_____

P.O. Box 6
300 McCaulley Ave
Ellendale, DE 19941

Office # 302.422.6727
Email: townclerk@ellendale.delaware.gov

NOTICE: The Town of Ellendale reviews applications for compliance with The Town of Ellendale Zoning Ordinance adopted November 1, 2005. Subsequent to Town zoning compliance approval the application must go to the Sussex County Division of Assessment and Building Code Department for International Building Code review. The applicant is responsible for full compliance with applicable codes and ordinances. Any permit issued in error or in violation of governing codes or ordinances shall be void and shall confer no rights upon the applicant.

I, hereby, certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Signature: _____

FOR TOWN OFFICE USE ONLY

PERMIT FEES	**FEES**
Building Permit	
Emergency Service Fee (1%)	
Impact Fee	
TOTAL COST OF BUILDING PERMIT	**$**

Permit Number: BP_____ **Effective Date:** _____ **Expiration Date:** _____

Approved By: _____ **Date**: _____

Kayla Adkins, Town Manager

P.O. Box 6
300 McCaulley Ave
Ellendale, DE 19941

Office # 302.422.6727
Email: townclerk@ellendale.delaware.gov