

TOWN OF OCEAN VIEW, DELAWARE

To County ____

BUILDING PERMIT APPLICATION (PLEASE PRINT)

OV PERMIT #: _____

201 Central Avenue – 2nd Floor • 19970 • (302) 539-1208 ext: 110, 111, 112 & 113 – FAX: (302)-537-5306

Location of Construction: _____ Construction Costs: \$ _____

Owner(s): _____ Phone: (____) _____

Residence: _____ City/State/Zip: _____

Builder/Contractor: _____ Phone: (____) _____

Address: _____ City/State/Zip: _____

PERMIT REQUESTED FOR:

Dwelling Unit Addition	Irrigation Roof	Dumpster Dock / Pier	Solar Panels Well (Non-Potable)
Commercial Unit	Accessory Structure	Mechanical System	Move Structure
Deck / Paver / Concrete Patio	Screened/ Covered Porch	Fence/Sidewalk/ Driveway	Repair / Renovate / Tenant Fit Out
Temp. Storage Structure	Accessory Structure	Demolition	Geo-Thermal
Pool /Spa	Other:		

Briefly Describe Proposed Work:

- **TOWN & COUNTY PERMIT PLACARDS MUST BE POSTED & VISIBLE AT THE JOBSITE.**
- Silt Fence and/or construction entrance must be completed before construction can begin (when applicable).
- Building Permit will expire if work for which the permit is issued has not begun within ninety (90) days of issuance.
- Documentation requested by the Town Administrative Official will be provided before a final inspection can be scheduled and/or completed for issuance of a Certificate of Zoning Compliance (CO) from the Town of Ocean View.
- Failure to obtain a Certificate of Zoning Compliance (CO) from the Town of Ocean View upon completion is a violation of the Town Code and subject to penalties. (Contact 302-539-1208 ext. 111, 112 or 113 to schedule inspection for CO).
- All contractors, sub-contractors and other service providers must be licensed by the Town of Ocean View.
- **Construction hours: 7A - 7P Monday - Friday, 8A - 7P on Saturday, NONE on Sunday (except homeowner)**

- I, the undersigned, attest that all of the information provided on this permit application is true and accurate
- That I have read the requirements and regulations listed above on this document
- That I will adhere to the approved plans and comply with the Code of the Town of Ocean View

Signature of Applicant: _____ Date: _____

Town Use Only

Receiver of permit: _____ T / A

OV PIDN: _____ . _____ Sussex CTM #: 134 - _____ . _____ - _____ O.V.B.L. # _____

HOA: __ SLD: __ Survey: __ Three (3) copies of plan(s): __ Contract: __ PDF of plans: __ Other: _____

Required for Issuance of CO:

As Built Survey: __ Elevation Certificate: __ SLD As Built: __ Other: _____

FINALS - Electric: _____ Plumbing: _____ County: _____ FMO: _____ Town CO: _____

(To be completed by the T.A.O.)

PARCEL - Zoned: _____ Flood Zone: _____ Wetlands: _____ P&Z / BOA: _____ Community: _____

_____ \$ _____

Administrative Official Approval Permit Approval/Issuance Date PERMIT FEE