

NEW COMMERCIAL CONSTRUCTION / TENANT FIT OUT PERMIT PACK / OWNERSHIP CHANGE



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: 302-378-1171
Fax: 302-378-5675

www.middletown.delaware.gov

Permits&Inspections@middletown.delaware.gov

2024 International Building Code 2024 International Existing Building Code 2018 International Energy Conservation Code 2021 International Plumbing Code 2024 International Mechanical Code 2024 International Fuel Gas Code Town of Middletown Zoning Code Code of the Town of Middletown 2021 Delaware State Fire Prevention Regulations

The following steps are required to be followed for permit applications for any commercial property owner or authorized agent who intends to construct, including but not limited to on site stick built accessory structures, enlarge, alter, repair, move, place demolish or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, covert or replace any gas, mechanical or plumbing system, the installation of which is regulated by code or to cause any such work to be done, shall first make application to the Licensing and Inspection Department and obtain the required permit.

1. Make application with the State Fire Marshal's office for approval. Please utilize this link for the particular State Fire Marshal Permit needed:

<https://statefiremarshal.delaware.gov/plan-review-and-inspections/plan-review/building-plan-submittals/>

State of Delaware Fire Marshal
New Castle County
Delaware Fire Service Center
2307 MacArthur Road
New Castle, DE 19720-2426

Telephone Number 1-302-323-5365
Fax Number 1-302-323-5366

Please feel free to contact the State Fire Marshal's office to understand all rules, regulations and requirements for application, documents needed for their review or inspections.

2. Make application with the Town of Middletown providing the following:
 - A. Copy of the State Fire Marshal's approval and all applicable information.
 - B. 3 copies of construction drawings: floor plan, elevation, mechanical, plumbing and any applicable plans or information needed for the project.
 - C. Building, Plumbing and Mechanical (HVAC), permits filled out, (included in the permit pack).
 - D. Zoning Compliance Form, (included in the permit pack).
 - E. Commercial Permit Impact Fee Review, (included in the permit pack), this is to be filled out by the business owner.
 - F. Sign Permit, (Included in the permit pack).
 - G. Business License Application, (included in the permit pack). Please Note; **all contractors** must be licensed by the Town of Middletown.
 - H. If submitting an ownership change, a bill of sale must also be included with the application.

All electrical work is state regulated. Please follow all rules and regulations for electrical installation. Visit the State of Delaware website at DPR.DELAWARE.GOV and click or search, Board of Electrical Examiners for electric permit information.

Please remember prior to any digging call Miss Utility at 1-800-282-8555 or 811.

Please feel free to contact the Town of Middletown Inspection Department with any questions by calling or emailing us from the information provided above.

Commercial Building Permit Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709

Phone: (302) 378-1171 Fax: 302-378-5675

www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

APPLICANT *(Individual Applying For Permit)*

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City, State: _____	Fax #: _____
Zip Code: _____	Email: _____
Applicant's Signature: _____	

PROPERTY INFORMATION

Parcel Number: _____	Zoning: _____
Street Address: _____	Lot #: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone #: _____
City, State & Zip: _____	Cell #: _____

CONTRACTOR

Middletown Business License #: _____ - _____

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City & State: _____	Fax #: _____
Zip Code: _____	Email: _____
License Holder's Signature: _____	

TO BE COMPLETED FOR COMMERCIAL CONSTRUCTION & TENANT FIT OUTS ONLY

Description of Job: _____

Name of Business: _____	Type of Business: _____
New Construction: _____	Renovation: _____
Total Square Feet: _____	Tenant Fit Out: _____
Cost of Materials: _____	

NOTE: Please Allow 10 Business Days For Permits To Be Processed

FOR OFFICE USE ONLY

NFIP / FLOOD ZONE EVALUATION:

Is Property Located in SFHA? _____ Yes _____ No	What Zone? _____ A _____ AO _____ AE
Base Flood Elevation: _____	WRPA: _____
Reviewed By: _____	Riparian Buffer: _____
Plan Examiner: _____	Plan Review Fee: _____
Date: _____	Inspection Fee: _____
Application ID #: _____	Permit #: _____ Date: _____

HVAC Permit Application



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JOB LOCATION:		DATE: _____	
Tax Parcel # _____ - _____ - _____ [_____]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
APPLICANT (Individual Applying For Permit)			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
Applicant's Signature: _____			
PROPERTY INFORMATION			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
CONTRACTOR		Middletown Business License #: _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
License Holder's Signature: _____		License Holder's State License #: _____	
IMPORTANT NOTICE: <i>It is the responsibility of the Licensed Contractor to contact this office for all required inspections, including the Final Inspection. Failure to do so may result in penalties being instituted against your license.</i>			
ALL APPLICABLE INFORMATION MUST BE FILLED OUT			
BUILDING PERMIT NO.: _____		NEW INSTALLATION _____ RENOVATION _____	
_____ HVAC System		_____ Duct Installation Only _____ Gas Test	
DESCRIPTION OF JOB: _____			
HEATING UNIT INFORMATION		COOLING UNIT INFORMATION	
Make _____ Model # _____		Make _____ Model # _____	
System Type _____		EER or SEER _____ Tonnage _____	
Fuel Source _____ AFUE _____		Termination of Condensate _____	
Chimney/Vent Type _____		_____	
[_____] New metal liner to be installed		_____	
FOR NEW INSTALLATIONS, please include three (3) copies of duct layout drawings, [including location of unit(s), CFM per room, location and size of registers and location of thermostat] gas piping layout and sizing (if applicable) and heating/cooling load computations.			
***** NOTE ***** All oil to gas conversions require cleaning of the existing chimney		Cost of Materials: _____	
VALIDATION		OFFICE USE ONLY	
Plan Examiner: _____ Date: _____		Plan Review Fee: _____ Inspection Fee: _____	
Application ID #: _____		Permit No.: _____ Date: _____	

Plumbing Permit Application



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19 West Green Street
Middletown, DE 19709

Phone: (302) 378-1171 Fax: 302-378-5675
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

JOB LOCATION:		DATE: _____	
Tax Parcel # _____ - _____ - _____ [_____]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
APPLICANT <i>(Individual Applying For Permit)</i>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
Applicant's Signature: _____			
PROPERTY INFORMATION			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
CONTRACTOR		Middletown Business License #: _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
License Holder's Signature: _____		License Holder's State License #: _____	
IMPORTANT NOTICE: <i>It is the responsibility of the Licensed Contractor to contact this office for all required inspections, including the Final Inspection. Failure to do so may result in penalties being instituted against your license.</i>			
ALL APPLICABLE INFORMATION MUST BE FILLED OUT			
BUILDING PERMIT NO.: _____		NEW INSTALLATION _____ RENOVATION _____	
_____ Residential _____ Commercial		_____ Other	
DESCRIPTION OF JOB: _____			
Size of building drain _____		Size of soil stack _____	
Size of building sewer _____		Size of stack vent _____	
Distance between sewer lateral and building _____			
Source of water supply: Public supply _____ Private well _____			
Water Heater: Size _____ gallons Make _____ Model # _____			
Location _____ Fuel Source _____			
FOR NEW INSTALLATIONS, PLEASE INCLUDE THREE (3) COPIES OF DRAIN/WASTE/VENT DRAWINGS			
Number of fixtures _____		Cost of Materials: _____	
Number of water heaters _____			
Number of sewer laterals _____			
Number of water services _____			
Number of gas inspections _____			
VALIDATION		OFFICE USE ONLY	
Plan Examiner: _____ Date: _____		Plan Review Fee: _____ Inspection Fee: _____	
Application ID #: _____		Permit No.: _____ Date: _____	

Zoning Compliance Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709
Phone: (302) 378-1171
Fax: 302-378-5672
www.middletown.delaware.gov

Please PRINT CLEARLY. Allow a minimum of two (2) weeks for response.

APPLICANT

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City, State: _____	Fax #: _____
Zip Code: _____	Email: _____
Applicant's Signature: _____	

PROPERTY INFORMATION

Parcel Number: _____	Zoning: _____
Street Address: _____	Lot #: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone #: _____
City, State & Zip: _____	Cell #: _____

PROPOSED BUSINESS OWNER'S INFORMATION

Name: _____	Phone #: _____
Address: _____	Cell #: _____
City & State: _____	Fax #: _____
Zip Code: _____	Email: _____
Proposed Business Owner's Signature: _____	

TO BE COMPLETED ON PROPOSED BUSINESS

Proposed Business Name: _____ No. of Employees: _____

Address of Proposed Business: _____

Name of Shopping Center: _____ Zoning District: _____

Square Footage of Building or Space to be Used: _____

Proposed Parking Location and Number of Spaces: _____

Detailed Description of Business: _____

TO BE COMPLETED BY TOWN OF MIDDLETOWN

_____ Use Approved	_____ Needs Conditional Use Approval
_____ O.K. to issue Building/Fit-Out Permit	_____ Variance(s) Required
Comments: _____	

Date: _____

Town of Middletown

NOTE: This approval only verifies Zoning Compliance. Additional approvals such as Parking, Division of Public Health, Fire Marshal, State Licensing, etc. may be required.

Original Sent to Zoning On: _____

Permit Clerk's Initials: _____

REV: 11-07-22

Sign Permit Instructions



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709

Phone: (302) 378-1171 Fax: 302-378-5675

www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

Submit your sign permit application along with the following information to the Permits Department. (includes any signage i.e.: wall, ground, hanging, pylon, window and awning signs etc.)

1. Scaled site plan showing exact location of installation, distance from property lines, right of way structures, and utilities.
2. Photograph of location of proposal of sign(s) placement.
3. **Sign Specifications:**
 - a. Size
 - b. Height
 - c. Style
 - d. Type (Temporary or Permanent)
 - e. No. of Sides (One-sided or Two-sided)
 - f. Footer Detail (Inspection required)
 - g. Lighting Electrical (if applicable Inspection required)
 - h. Final (Inspection required)
4. A picture or artist's rendition showing lettering, design and color(s), etc.
5. A signed letter from the property owner granting permission to install the sign(s) on the property owner's building/property.
6. Miss Utility verification submitted before you dig (required for monument signs, pylon signs, and excavation). Must provide ticket showing completed marking.

Sign Fee:

\$0.50 per square foot with a minimum fee of \$35.00 per side/per sign

Prior to installation of the sign(s), a sign permit application must be submitted and approved by the Town, applicable fees paid in full and a permit issued.

**** Call Miss Utility at 811 or 1-800-282-8555 prior to any digging ****

Required Inspections:

There are two required inspections by the Town of Middletown for sign permits; footer, third party electrical sign off (if applicable), and final. Please remember that all electrical work is State regulated. Please follow all rules and regulations regarding electrical work and its installation. Visit DRP.DELAWARE.GOV and click on Board of Electrical Examiners for electrical permit regulations or questions.

Please contact the Permits Department at 302-378-1171 or permits&inspections@middletown.delaware.gov

Sign Permit Application



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Middletown, DE 19709

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www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

Tax Parcel No.: _____ - _____ - _____

JOB LOCATION

Street No.: _____ Street: _____ Suite: _____ Bldg.: _____
Lot #: _____ Subdivision: _____

APPLICANT (Individual Applying For Permit)

Name: _____ Phone #: _____
Address: _____ Cell #: _____
City, State: _____ Fax #: _____
Zip Code: _____ Email: _____

Applicant's Signature: _____

PROPERTY OWNER'S INFORMATION

Name: _____ Phone #: _____
Address: _____ Cell #: _____
City, State: _____ Fax #: _____
Zip Code: _____ Email: _____

CONTRACTOR

Middletown Business License #: _____ - _____

Name: _____ Phone #: _____
Address: _____ Cell #: _____
City, State: _____ Fax #: _____
Zip Code: _____ Email: _____

License Holder's Signature: _____

SIGN INFORMATION

SIGN #1	Wall	Ground	Other	FEE:
Dimensions _____ x _____ Height _____				PERMIT NO.: _____
Sq. Ft.: _____ # SIDES: _____ 1-Sided _____ 2-Sided				ISSUE DATE: _____
TYPE: _____ Permanent _____ Temporary				
Text: _____				
SIGN #2	Wall	Ground	Other	FEE:
Dimensions _____ x _____ Height _____				PERMIT NO.: _____
Sq. Ft.: _____ # SIDES: _____ 1-Sided _____ 2-Sided				ISSUE DATE: _____
TYPE: _____ Permanent _____ Temporary				
Text: _____				
SIGN #3	Wall	Ground	Other	FEE:
Dimensions _____ x _____ Height _____				PERMIT NO.: _____
Sq. Ft.: _____ # SIDES: _____ 1-Sided _____ 2-Sided				ISSUE DATE: _____
TYPE: _____ Permanent _____ Temporary				
Text: _____				

NOTE: Please Allow 10 Business Days For Permits To Be Processed

FOR OFFICE USE ONLY

Plan Examiner's Signature: _____ Date: _____

Application ID #: _____

Temporary Construction/Office Trailer Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: 302-378-1171
Fax: 302-378-5675
www.middletown.delaware.gov
Permits&inspections@middletown.delaware.gov

TAX PARCEL NO.			-				.			-		
PROJECT INFORMATION												
Bldg. Permit #:		Start Date:				Completion Date:						
Project Name												
Address								Suite		Bldg.		
Lot #		Subdivision:										
IDENTIFICATION												
APPLICANT		Name				Phone						
		Address				Fax						
		City, State				Cell						
		Zip				E-Mail						
PROPERTY OWNER		Name				Phone						
		Address				Fax						
		City, State				Cell						
		Zip				E-Mail						
TRAILER SUPPLIER		Name				Phone						
BL # _____		Address				Fax						
		City, State				Cell						
		Zip				E-Mail						
Applicant's Signature:				Date:								
TRAILER INFORMATION												
Trailer #1		_____ Construction			_____ Office			_____ Other				
		Dimensions: _____ (width) x _____ (length)										
Trailer #2		_____ Construction			_____ Office			_____ Other				
		Dimensions: _____ (width) x _____ (length)										
ADDITIONAL REQUIRED INFORMATION												
1. State Fire Marshal's approval.												
2. Plot plan showing location of trailer.												
3. Sign permit for temporary signage during construction of project.												
APPROVAL RECORD (Office Use Only)												
Reviewer's Signature:								Date:				

WATER METER APPLICATION FORM



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: 302-378-5142 Fax: 302-449-2148
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

WATER METER APPLICATION FORM

Date _____

☐ COMMERCIAL

☐ RESIDENTIAL

APPLICANT'S INFORMATION

Name: _____

Phone Number: _____

Company Name: _____

Email: _____

METER LOCATION AND SIZE

Meter Size Requested: _____
(Please notify the Water Department with meter size as soon as possible to check availability.)

Service Location / Address: _____

Business Name or Residential Development: _____

Tax Parcel No.: _____

The Town of Middletown charges for the replacement of all damaged water meters and electronic radio transmitters (effective April 1, 2017). Additionally, the Town of Middletown will handle the installation of ALL residential water meters. For more information or to schedule your meter installation, please contact Middletown Public Works at 302-378-2211.

The Town recommends that all water meters not installed by the Town are installed by a licensed professional. The Town will not replace damaged water meters or transmitters free of charge.

If you feel you have a damaged meter, please contact the Town of Middletown's Water Department to make an appointment for an inspection. **NOTE:** You have thirty (30) days from the date of purchase of the meter to make a damage claim. After 30 days, the meter becomes the responsibility of the purchaser.

***** *INTERNAL OFFICE USE* *****

METER SIZE _____

COST OF METER _____

SIGNATURE OF TOWN REP _____

DATE _____

ORDINANCE 14-11-01

AN ORDINANCE TO AMEND CHAPTER 1 OF THE TOWN OF MIDDLETOWN CODE OF ORDINANCES TO ADOPT AN ARTICLE II, 'ENFORCEMENT OF OBLIGATIONS TO THE TOWN OF MIDDLETOWN'

Introduced: November 3, 2014

Approved: December 1, 2014

WHEREAS, the Town of Middletown desires to adopt a "Clean Hands" Ordinance to ensure that all obligations owed to the Town of Middletown are current in order for anyone to receive town services, utilities, permits, licenses, or approvals.

BE IT ENACTED BY THE MAYOR AND COUNCIL OF THE TOWN OF MIDDLETOWN (a majority of the members elected thereto concurring therein):

Section 1. That the Town of Middletown, Delaware, Code of Ordinances, Chapter 1, is hereby amended by adding therein:

"Article II: Enforcement of Town of Middletown Obligations

§ 1-12 Review of Town of Middletown obligations prior to issuance of any town services, utilities, permits, licenses or approvals.

Prior to the issuance of any town services, utilities, permits, licenses or approvals, all outstanding payments owed to the Town of Middletown and/or outstanding violations of the Town of Middletown Code of Ordinances shall be paid in full or resolved in full.

§ 1-13 Obligations which must be current.

Applicants for town services, utilities, permits, licenses or approvals shall be current on all of the following obligations to the Town of Middletown, prior to receiving such approvals:

- (1) Property taxes/transfer taxes.
- (2) Water, sewer and electric fees and/or usage charges.
- (3) Trash fees.
- (4) Application fees.

- (5) Permit fees, including building permits, plan review and inspection fees.
- (6) Costs associated with any work performed by Town of Middletown employees in association with the violation of an ordinance.
- (7) Interest, penalties, fines, court costs and attorney's fees associated with any of the above listed obligations.
- (8) Documented code violations.
- (9) Miscellaneous charges and fees.

§ 1-14 Enforcement.

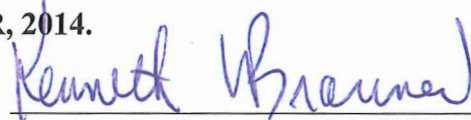
The Town of Middletown department responsible for approving an applicant's request for any town services, utilities, permits, licenses or approvals shall have the responsibility to determine if the applicant is delinquent on any town obligations outlined in section 1-13. Upon the discovery of any outstanding obligations, the department supervisor shall notify the applicant that the request cannot be processed until the outstanding obligation is satisfied in full. Within ten (10) calendar days, the department supervisor shall provide the applicant with the reason for the denial in writing.

§ 1-15 Appeals.

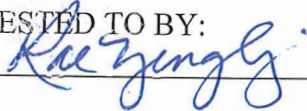
Any person, business, or entity that has been denied a request for any town service, utility, permit, license or approval may appeal that denial with a request for review to the Mayor and Council of Middletown within twenty (20) calendar days after receipt of such denial. All requests for an appeal shall be in writing. The Mayor and Council shall thereafter hold a public hearing to offer the applicant an opportunity to provide evidence supporting their appeal."

BE IT FURTHER ORDAINED that this ordinance shall be effective upon adoption.

ADOPTED THIS FIRST DAY OF DECEMBER, 2014.


Kenneth L. Branner, Jr., MAYOR

ATTESTED TO BY:



Witness, Town of Middletown

Application for Business License



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: (302) 378-1171
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

The undersigned applicant, being duly authorized by law to practice, conduct, pursue or carry on the business of _____ hereby makes application in accordance with an Ordinance of the Town of Middletown for a business license for the period ending December 31, 20 _____ and submits herein the following information:

1. Applicant's Name & Title: _____
2. Trade Name of Business: _____
3. Mailing Address for License: _____

Street P.O. Box #

City State Zip Code
4. Business Phone & Fax Numbers: _____

Phone Fax
5. Physical Address of Business: _____

Street

City State Zip Code
6. Nature of Business: _____
7. State Business License Nos: _____
(If Applicable) State # Electrical # Plumbing # HVAC #
8. NAICS Code: _____ (2-6 digit code found on your IRS Tax Return or by visiting <http://www.naics.com/search>)
**** PLEASE CONTACT THE LICENSE DEPARTMENT WITH YOUR NAICS CODE TO OBTAIN THE LICENSE FEE AMOUNT ****

***** THIS SECTION APPLIES TO BOTTLERS, MANUFACTURERS, MERCHANTS & WHOLESALERS ONLY *****

9. The business license fee is calculated on your gross receipts in connection with or from the business during the year ending on the 31st day of December preceding.

Aggregate Gross Receipts \$ _____

Aggregate Gross Receipts Less \$400,000 = \$ _____ x \$0.00046 =

AMOUNT DUE \$ _____ (**MINIMUM LICENSE FEE IS \$130.00**)

NOTE: Bottlers, Manufactures, Merchants & Wholesalers must furnish the figures requested under oath or affirmation.

EXEMPTION: If your aggregate gross receipts are under \$100,000, your business license fee will be \$50.00.

However, the licensing office must receive a letter stating this by February 15th.

10. The undersigned applicant further states that he has complied and will continue to comply with all the Ordinances of the Town of Middletown. ☐ Yes ☐ No

Signature of Applicant or Corporate Officer

Home Address of Applicant or Corporate Officer

Print Name Plainly Here

Cell Phone Number

Title

E-Mail Address

MAKE CHECK PAYABLE TO: TOWN OF MIDDLETOWN

MAIL TO: Town of Middletown
Department of Licensing
19 West Green Street
Middletown, DE 19709-1315

CHART B: BUSINESS LICENSE CLASS SCHEDULE BY NAICS CODE

NAICS SECTOR/SUBSECTOR	INDUSTRY SECTOR	RATE CLASS	FEE (RESIDENT)
11	AGRICULTURE, FORESTRY, HUNTING & FISHING	2	\$130
21	MINING, QUARRYING, OIL & GAS EXTRACTION	3	\$260
22	UTILITIES	1	\$130
23	CONSTRUCTION	8	\$130
31-33	MANUFACTURING	GROSS RECEIPTS	SECT. 45-21
42	WHOLESALE TRADE	GROSS RECEIPTS	SECT. 45-21
44-45	RETAIL TRADE	GROSS RECEIPTS	SECT 45-21
48-49	TRANSPORTATION & WAREHOUSING	1	\$130
4931	WAREHOUSING & STORAGE	GROSS RECEIPTS	SECT 45-21
51	INFORMATION	2	\$130
515	BROADCASTING (EXCEPT INTERNET) & TELECOMMUNICATIONS	2	\$130
52	FINANCE & INSURANCE	4	\$260
524	INSURANCE AGENTS, BROKERS & RELATED ACTIVITIES	1	\$130
53	REAL ESTATE & RENTAL & LEASING	7	\$130
5311	LESSORS OF RESIDENTIAL BUILDINGS & DWELLINGS	7	\$130
531190	MANUFACTURE HOME PARK	6	\$5.25 PER SPACE
54	PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES	3	\$260
55	MANAGEMENT OF COMPANIES	4	\$260
56	ADMINISTRATIVE & SUPPORT & WASTE MANAGEMENT & REMEDIATION SERVICES	2	\$130
61	EDUCATIONAL SERVICES	2	\$130
62	HEALTH CARE & SOCIAL ASSISTANCE	3	\$260
621	AMBULATORY HEALTH CARE SERVICES	3	\$260
623	NURSING & RESIDENTIAL CARE FACILITIES	3	\$260
6244	DAYCARE CENTERS (7 CHILDREN OR MORE)	5	\$260
6244	DAYCARE HOMES	1	\$130
71	ARTS, ENTERTAINMENT & RECREATION	2	\$130
72	ACCOMMODATION & FOOD SERVICES	GROSS RECEIPTS	SECT 45-21
722330	FOOD TRUCK		\$130
7211	TRAVEL ACCOMMODATIONS	6	\$5.25 PER SPACE
81	OTHER SERVICES	2	\$130
8121	PERSONAL CARE SERVICES (2 OR FEWER)	1	\$130
8121	PERSONAL CARE SERVICES (3 OR MORE)	5	\$260

Commercial Permit Impact Fee Review



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Phone: (302) 378-1171
Fax: 302-378-5675
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

APPLICANT INFORMATION

Proposed Business Name: _____	Date: _____
Subdivision: _____	Suite #: _____
Business Address: _____	Parcel #: _____
Applicant's Signature: _____	

PROPERTY INFORMATION

Parcel #: _____	Zoning: _____
Street Address: _____	Lot#: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone#: _____
City State & Zip: _____	Cell#: _____

PROPOSED BUSINESS OWNER'S INFORMATION

Proposed Business Name: _____	Phone #: _____
Subdivision: _____	Cell #: _____
Business Address: _____	Fax: _____
Proposed Business Owner's Signature: _____	Email: _____

New Construction: _____	Tenant Fit Out: _____	Renovation: _____	Sq Ft: _____
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☐ RETAIL ☐ OFFICE ☐ RESTAURANT ☐ SALON/BARBER ☐ OTHER _____

Additional Information: _____

TO BE COMPLETED BY TOWN OF MIDDLETOWN (Office Use Only)

Comments: _____

DDD AMOUNTS (If Applicable)

			AMOUNT	Fee (100%)	Discount (75%)	Amt Invoiced (25%)
Sewer Impact Fee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____			
Electric Connection Fee	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Water Connection Fee	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Approved By: _____ Date: _____

Original Sent to Finance On: _____

Permit Clerk's Initials: _____