

Residential Exterior Plaster Repair Permit Information Pack



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

2018 International Residential Code

- All contractors must be licensed by the Town of Middletown.
- **Please Note:** All communities that have Homeowner Associations (HOA) or Architectural Committees may require review and approval for any improvements made on the exterior of your home. Please follow your communities' rules and regulations.
- A building permit is required regardless of the size of repair being made to stucco, manufactured stone, manufactured brick or similar applied product veneers.
- Detailed plans or a scope of work description is required to be submitted with the permit supplied in this pack. Please provide drawing or a scope of work description in writing of the area to be repaired; front, side or rear. Indicate how much square foot of area is being repaired and the entire process of the repair. All work and repairs regarding exterior plaster must be in compliance with the current adopted code noted above, ASTM C 926 and ASTM C 1063.
- **Inspections:** The permit applicant is required to have the work inspected by an approved, licensed by the Town of Middletown, third-party inspection agency or State of Delaware Engineer. The inspector or engineer must inspect the work and provide documentation to the Town that the work was completed in compliance with all applicable codes and its installation procedures and requirements. Please provide the third-party's information at the time of permit application on the plans or scope of work.

At the completion of the repair, the third-party agency, engineer or permit applicant must submit to the Town of Middletown, a detailed letter from the third-party providing the inspections are completed and the repair is in compliance with applicable codes on their company letterhead. If an engineer is used, they will provide their seal on the letter.

- Please **post permits** and have **approved plans/scope** of work on site at all times prior to beginning the repair. Please have all permits and approved plans or work description on site at the time of the required inspection with the agency or engineer. This is so they can verify the permitted work of repair.
- All electrical work is state regulated. Please follow all rules and regulations if electrical is to be changed or altered. Visit the State of Delaware's website at DPR.DELAWARE.GOV and click or search, Board of Electrical Examiners for electrical work permit information.
- Please call Miss Utility prior to digging at 1-800-282-8555 or 811 if digging occurs.

COST OF EXTERIOR PLASTER REPAIR PERMITS

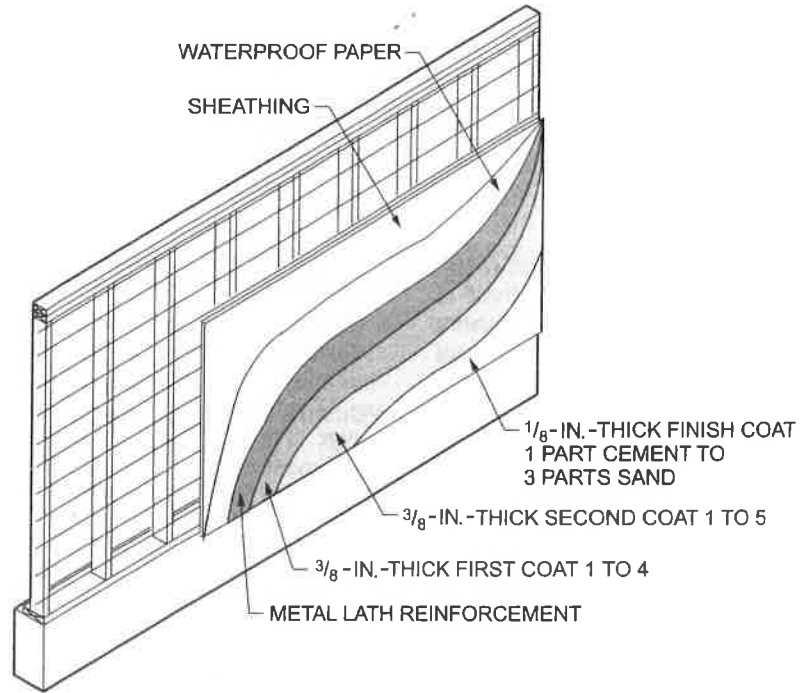
Building Permit (required) - \$10.50 per \$1,000 of Valuation (cost of materials only); \$40.00 Minimum.
Plan review (required) - \$20.00

Please note: Plan review revisions may be subject to additional fees.

REQUIRED INSPECTIONS

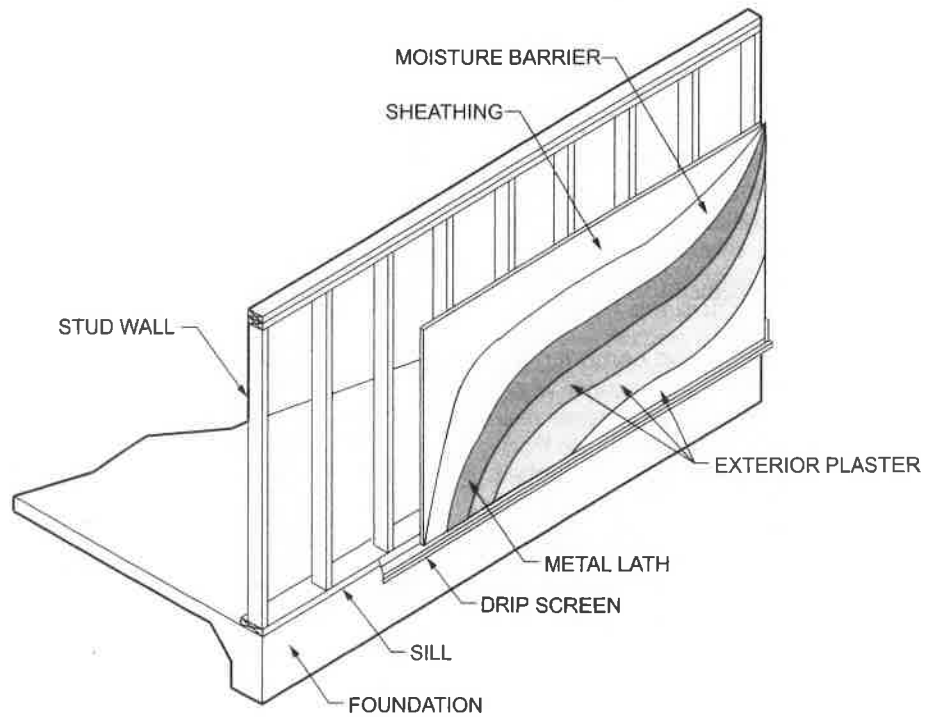
Third Party

The following pages are illustrations and information to help guide with the repair and process.

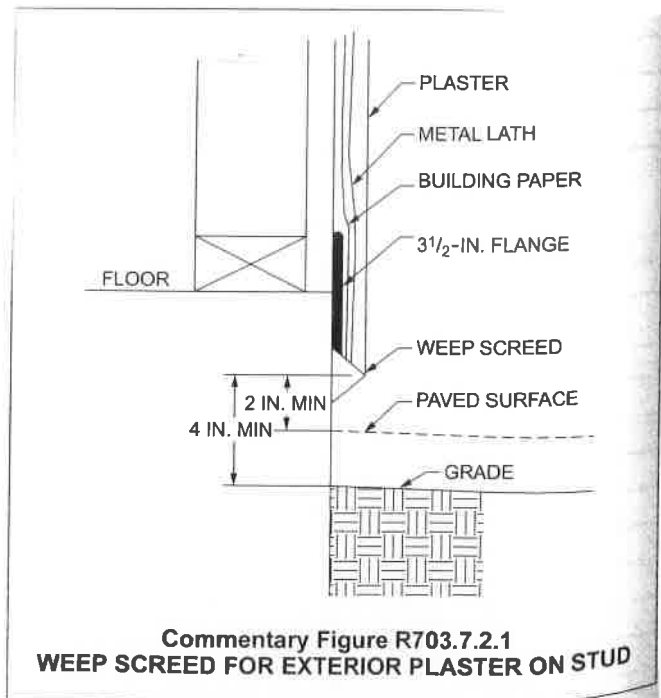


For SI: 1 inch = 25.4 mm.

**Commentary Figure R703.7(1)
EXTERIOR PLASTERING SYSTEM**



**Commentary Figure R703.7(2)
EXTERIOR PLASTER—WOOD FRAME ON CONCRETE FLOOR SLAB**



Residential Building Permit Application



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|--|--|
| APPLICANT <i>(Individual Applying For Permit)</i> | |
| 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 RESIDENTIAL HOME IMPROVEMENTS ONLY | |
| Description of Job: _____ _____ _____ | |
| Total Square Feet: _____ | 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: _____ |