

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. Site plan showing location/installation of sign(s).
2. Sign Specifications:
 - a. Size
 - b. Height
 - c. Style
 - d. Type (Temporary or Permanent)
 - e. No. of Sides (One-sided or Two-sided)
3. A picture or artist's rendition showing lettering, design and color(s), etc.
4. A signed letter from the property owner granting permission to install the sign(s) on the property owner's building/property.

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 no required inspections by the Town of Middletown for sign permits but 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 with any questions.

Sign Permit Application



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

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

FOR OFFICE USE ONLY

Plan Examiner's Signature: _____ Date: _____

Application ID #: _____