

**NEW COMMERCIAL  
CONSTRUCTION /  
TENANT FIT OUT  
PERMIT 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](http://www.middletown.delaware.gov)

Permits&Inspections@middletown.delaware.gov

**2018 International Building Code  
2018 International Existing Building Code  
2018 International Energy Conservation Code  
2018 International Plumbing Code  
2018 International Mechanical Code  
2018 International Fuel Gas Code  
Town of Middletown Zoning Code  
Code of the Town of Middletown  
2015 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 Inspections Department and obtain the required permit.**

1. Make application with the State Fire Marshal's office for approval:  
(Office of the State Fire Marshal permit provided in this pack)

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, to be completed by business owner (included in the permit pack).
  - E. Sign Permit, (Included in the permit pack).
  - F. Business License Application, (included in the permit pack). Please Note: **All** contractors must be licensed by the Town of Middletown.

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](http://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 Inspections Department with any questions by calling or emailing us from the information provided above.

Please Print

OFFICE OF STATE FIRE MARSHAL

Please Print

APPLICATION FOR FIRE PROTECTION PLAN REVIEW - **BUILDING**

Sussex County  
Delaware Fire Service Center  
22705 Park Avenue  
Georgetown, DE 19947-6303  
302-856-5298/Fax 302-856-5800

Kent County  
Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4394/Fax 302-739-3696

New Castle County  
Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5365/Fax 302-323-5366

1. Project Name: \_\_\_\_\_ Building \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
Subdivison/Complex / Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_ County (NC, K, S): \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Complete Tax Parcel Number: \_\_\_\_\_ Is Building to be sprinklered?  Y  N  
If yes, the preliminary sprinkler form is required.  
Square Footage: Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

2. Project Description:  New  Addition  Renovation  Tenant  Other \_\_\_\_\_  
This building will be utilized for: \_\_\_\_\_

3. Fee Calculation: Building Construction Cost: \_\_\_\_\_ Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Deposit/Rtn Date: \_\_\_\_\_  
Exempt Status:  State  County  Federal  DSHA  Fire Company/Amb  Municipality  No Impact  
(Check or Money Order made payable to the "State of Delaware") NO CASH ACCEPTED

4. Applicant Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
\*Signature required in Item #8 Fax: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Engineer/Architect Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Email: \_\_\_\_\_

6. Property Owner: Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Email: \_\_\_\_\_

7. Contractor/Installer Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Email: \_\_\_\_\_

Any approval of the submitted project documents does not relieve the owner, designer, contractor, or designated representative from their responsibility to comply with applicable provisions of the Delaware State Fire Prevention Regulation.

8. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_  
**FIRE PROTECTION SPECIALIST** **DATE**  
I.D. # \_\_\_\_\_ Plan Review # \_\_\_\_\_  Rolled plans



STATE OF DELAWARE  
OFFICE OF THE STATE FIRE MARSHAL

GROVER P. INGLE  
STATE FIRE MARSHAL

DOVER OFFICE  
HEADQUARTERS

**Building Plan Submittals**

**Is your building plan drawn to scale and does it include the following information?**

- Name and address of building
- Owner of the building
- Name and address of applicant submitting plans
- Design Professional's name and address
- Detailed construction information
- Narrative description of building occupancy and operations
- Full height cross section plan of building including all vertical openings, shafts, enclosures, etc.
- Note whether building is to be sprinkled and, if so, what areas
- Detailed HVAC information
- Specific information on all means of egress components including clear widths, fire resistance rating, direction swing of doors and locking mechanisms on exit doors
- Location of all "hazardous areas" as defined in the Life Safety Code, NFPA 101
- Floor plan of seats, tables, displays, decorations, etc. in all places of assembly which do not have fixed seating or displays
- Electrical plan including location of exit signs and emergency lighting when required
- Detailed information pertaining to any detection or alarm systems to be installed including but not limited to the make, type and location of all associated equipment
- Narrative description of proposed method for sealing penetrations of fire rated assemblies.
- For new buildings that will include automatic sprinklers, the ***Preliminary Sprinkler Form*** and applicable attachments are required to be submitted with building plans
- For installations of new fire pumps driven by an electric motor please refer to ***Electrical Plans for Fire Pumps***. Approval documentation will need to accompany the building plan submittal.

**Do you have the following items ready for submittal?**

- One (1) copy of your building construction plans
- Application for Fire Protection Plan Review
- Building Plan Review Fee: Multiply the construction costs by \$0.007 for the first million, and \$0.003 over the first million. A check, money order, or cashier's check is to be made payable to State of Delaware) NO CASH. A minimum \$150.00 Building Plan Review Fee is required for plan submittal

# 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](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto:permits&inspections@middletown.delaware.gov)

## APPLICANT *(Individual Applying For Permit)*

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

## 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: _____
<b>License Holder's Signature:</b> _____	

## TO BE COMPLETED FOR COMMERCIAL CONSTRUCTION & TENANT FIT OUTS ONLY

Description of Job: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Business: _____	Type of Business: _____	
New Construction: _____	Renovation: _____	Tenant Fit Out: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Zone? <input type="checkbox"/> A <input type="checkbox"/> AO <input type="checkbox"/> 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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19 West Green Street  
Middletown, DE 19709

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[www.middletown.delaware.gov](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto:permits&inspections@middletown.delaware.gov)

<b>JOB LOCATION:</b>		DATE: _____	
Tax Parcel # _____ - _____ - _____ [ _____ ]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
<b>APPLICANT</b> <i>(Individual Applying For Permit)</i>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>Applicant's Signature:</b> _____			
<b>PROPERTY INFORMATION</b>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>CONTRACTOR</b>		<b>Middletown Business License #:</b> _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>License Holder's Signature:</b> _____		<b>License Holder's State License #:</b> _____	
<b>IMPORTANT NOTICE:</b> <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>			
<b>ALL APPLICABLE INFORMATION MUST BE FILLED OUT</b>			
BUILDING PERMIT NO.: _____		NEW INSTALLATION _____ RENOVATION _____	
_____ HVAC System		_____ Duct Installation Only _____ Gas Test	
<b>DESCRIPTION OF JOB:</b> _____			
<b>HEATING UNIT INFORMATION</b>		<b>COOLING UNIT INFORMATION</b>	
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		_____	
<b>FOR NEW INSTALLATIONS,</b> 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.			
<b>***** NOTE *****</b>		<b>Cost of Materials:</b> _____	
All oil to gas conversions require cleaning of the existing chimney			
<b>VALIDATION</b>		<b>OFFICE USE ONLY</b>	
Plan Examiner: _____ Date: _____		Plan Review Fee: _____ Inspection Fee: _____	
Application ID #: _____		Permit No.: _____ Date: _____	

# Plumbing 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](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto:permits&inspections@middletown.delaware.gov)

<b>JOB LOCATION:</b>		DATE: _____	
Tax Parcel # _____ - _____ - _____ [ _____ ]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
<b>APPLICANT</b> <i>(Individual Applying For Permit)</i>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>Applicant's Signature:</b> _____			
<b>PROPERTY INFORMATION</b>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>CONTRACTOR</b>		<b>Middletown Business License #:</b> _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>License Holder's Signature:</b> _____		<b>License Holder's State License #:</b> _____	
<b>IMPORTANT NOTICE:</b> <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>			
<b>ALL APPLICABLE INFORMATION MUST BE FILLED OUT</b>			
BUILDING PERMIT NO.: _____		NEW INSTALLATION _____ RENOVATION _____	
_____ Residential _____ Commercial		_____ Other	
<b>DESCRIPTION OF JOB:</b> _____			
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 _____			
<b>FOR NEW INSTALLATIONS, PLEASE INCLUDE THREE (3) COPIES OF DRAIN/WASTE/VENT DRAWINGS</b>			
Number of fixtures _____		<b>Cost of Materials:</b> _____	
Number of water heaters _____			
Number of sewer laterals _____			
Number of water services _____			
Number of gas inspections _____			
<b>VALIDATION</b>		<b>OFFICE USE ONLY</b>	
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) 378-5670  
 Fax: 302-378-5672  
[www.middletown.delaware.gov](http://www.middletown.delaware.gov)

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

<b>APPLICANT</b>	
Name: _____	Phone #: _____
Address: _____	Cell #: _____
City, State: _____	Fax #: _____
Zip Code: _____	Email: _____
<b>Applicant's Signature:</b> _____	
<b>PROPERTY INFORMATION</b>	
Parcel Number: _____	Zoning: _____
Street Address: _____	Lot #: _____
Owner's Name: _____	Development: _____
Street Address: _____	Phone #: _____
City, State & Zip: _____	Cell #: _____
<b>PROPOSED BUSINESS OWNER'S INFORMATION</b>	
Name: _____	Phone #: _____
Address: _____	Cell #: _____
City & State: _____	Fax #: _____
Zip Code: _____	Email: _____
<b>Proposed Business Owner's Signature:</b> _____	
<b>TO BE COMPLETED ON PROPOSED BUSINESS</b>	
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: _____	
_____	
_____	
<b>TO BE COMPLETED BY TOWN OF MIDDLETOWN</b>	
<input type="checkbox"/> Use Approved	<input type="checkbox"/> Needs Conditional Use Approval
<input type="checkbox"/> O.K. to issue Building/Fit-Out Permit	<input type="checkbox"/> 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](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto:permits&inspections@middletown.delaware.gov)

Submit your sign permit application along with the following information to the Permits Department.

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](http://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](mailto:permits&inspections@middletown.delaware.gov) with any questions.



# Sign 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](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto: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

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

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

<b>SIGN #3</b>	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: 302-378-3587  
 Fax: 302-378-5675  
 www.middletown.delaware.gov

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

# 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](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto: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.**

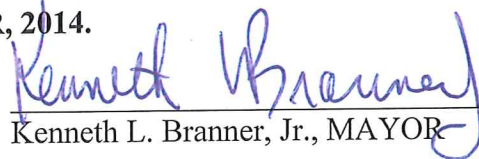
The Town of Middletown department responsible for approving an applicant's request for any town services, utilities, permits, licenses or approvals shall have the responsibility to determine if the applicant is delinquent on any town obligations outlined in section 1-13. Upon the discovery of any outstanding 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) 378-3587 Fax: (302) 378-5675  
[www.middletown.delaware.gov](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto: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. You may also find your NAICS Code by visiting <http://www.census.gov/naics/>)

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

9. **Manufacturers** gross receipts in connection with or from the business during the year ending on the 31<sup>st</sup> day of December preceding.  
Aggregate Gross Receipts \$ \_\_\_\_\_  
Aggregate Gross Receipts Less \$400,000 = \$ \_\_\_\_\_
10. **Merchants and Bottlers** aggregate cost value of all merchandise purchased for sale in the course of such business during the year ending on the 31<sup>st</sup> day of December preceding.  
Aggregate Gross Purchases for Resale \$ \_\_\_\_\_  
Aggregate Gross Purchases for Resale Less \$400,000 = \$ \_\_\_\_\_

**NOTE:** Any applicant qualifying under #8 or #9 of this application must furnish the figures requested under oath or affirmation.

**EXEMPTION:** Any manufacturer that has aggregate gross receipts or any merchant or bottler that has aggregate gross purchases for resale under \$100,000 will pay a license fee of \$50.00. However, the licensing office must receive a letter stating this by February 15<sup>th</sup>.

11. 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

