

# 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 2021 International Plumbing Code 2018 International Mechanical Code 2018 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.

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](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: _____
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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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> (Individual Applying For Permit)			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
Applicant's Signature: _____			
<b>PROPERTY INFORMATION</b>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
<b>CONTRACTOR</b>		Middletown Business License #: _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
License Holder's Signature: _____		License Holder's State License #: _____	
<b>IMPORTANT NOTICE:</b> 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.			
<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> All oil to gas conversions require cleaning of the existing chimney		<b>Cost of Materials:</b> _____	
<b>VALIDATION</b>		<b>OFFICE USE ONLY</b>	
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

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

<b>JOB LOCATION:</b>		<b>DATE:</b> _____	
Tax Parcel # _____ - _____ - _____ [ _____ ]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
<b>APPLICANT</b> (Individual Applying For Permit)			
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.**

## 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](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



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[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

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: 302-378-3587  
Fax: 302-378-5675  
www.middletown.delaware.gov

TAX PARCEL NO.			-				.			-			
<b>PROJECT INFORMATION</b>													
Bldg. Permit #:		Start Date:				Completion Date:							
Project Name													
Address								Suite		Bldg.			
Lot #		Subdivision:											
<b>IDENTIFICATION</b>													
<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>							
<b>TRAILER INFORMATION</b>													
<b>Trailer #1</b>		_____ Construction				_____ Office				_____ Other			
		Dimensions: _____ (width) x _____ (length)											
<b>Trailer #2</b>		_____ Construction				_____ Office				_____ Other			
		Dimensions: _____ (width) x _____ (length)											
<b>ADDITIONAL REQUIRED INFORMATION</b>													
1. Plot plan showing location of trailer.													
2. Sign permit for temporary signage during construction of project.													
<b>APPROVAL RECORD (Office Use Only)</b>													
<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.**

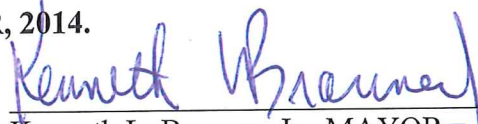
The Town of Middletown department responsible for approving an applicant's request for any town services, utilities, permits, licenses or approvals shall have the responsibility to determine if the applicant is delinquent on any town obligations outlined in section 1-13. Upon the discovery of any outstanding 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

# Commercial Permit Impact Fee Review



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

## APPLICANT INFORMATION

Proposed Business Name: _____	Date: _____
Subdivision: _____	Suite #: _____
Business Address: _____	Parcel #: _____
<b>Applicant's Signature:</b> _____	

## 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: _____
<b>Proposed Business Owner's Signature:</b> _____	Email: _____
New Construction: _____	Tenant Fit Out: _____
Renovation: _____	Sq Ft: _____

☐ RETAIL    ☐ OFFICE    ☐ RESTAURANT    ☐ SALON/BARBER    ☐ OTHER \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

				AMOUNT
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		

DDD AMOUNTS (If Applicable)		
Fee (100%)	Discount (75%)	Amt Invoiced (25%)

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Original Sent to Finance On: \_\_\_\_\_

Permit Clerk's Initials: \_\_\_\_\_