

CHANGE OF OWNERSHIP 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

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.

The Mayor and Council of Middletown

Permits, Licensing and Inspections Department

19 W. Green Street
Middletown, DE 19709



Town of Middletown, Delaware

Change of Ownership / Certificate of Occupancy Inspection Checklist

Purpose

The adopted codes and policies of the Town of Middletown require that buildings remain safe and compliant following a change of ownership. This inspection verifies that the building continues to be maintained in accordance with the conditions under which the Certificate of Occupancy (CO) was issued. A Certificate of Occupancy is a legal document confirming that the building or space meets minimum requirements for life safety, public health, and general welfare. The property owner is responsible for maintaining these conditions at all times.

Inspection Checklist

Means of Egress

- Clear and unobstructed egress provided from all occupied areas
- No obstructions within required egress width or capacity
- Egress width maintained throughout path of travel to the public way
- Egress system complies with the code in effect at the time of last permitted construction or renovation
- No storage of materials in exit corridors or stairways
- Exit signage present and illuminated
- Emergency lighting operational
- Door hardware in good working order
- Panic hardware installed where required
- Exterior exit doors and related hardware maintained in good condition
- Locks readily openable from the egress side without keys, special knowledge, or effort (unless permitted by code)

Fire-Resistance Rated Construction

- Fire-rated walls, partitions, floors, shafts, and barriers maintained
- Firestopping intact at penetrations and joints
- Fire-resistive coatings and sprayed fire-resistant materials intact
- Fire-rated door assemblies in place and properly labeled
- Self-closing / automatic-closing fire doors operational
- Fire-rated doors not propped or blocked open

Fire Protection Equipment

- Fire extinguishers present, charged, inspected, and properly mounted
- Smoke alarms installed and operational
- Fire alarm devices (if applicable) installed and operational

The Mayor and Council of Middletown

Permits, Licensing and Inspections Department

19 W. Green Street
Middletown, DE 19709



Electrical

- No visible electrical hazards
- Covers installed on all electrical panels, boxes, and junction boxes
- No extension cords used as permanent wiring
- No wiring or cords installed above suspended ceilings
- Any recent electrical work verified or approved by a Delaware Electrical Inspection Agency

Mechanical / HVAC

- All HVAC equipment installed and operational
- Systems appear to be maintained in safe working condition

Inspector Notes / Required Corrections

Inspection Result

- Pass – No violations noted
- Fail – Reinspection required

Acknowledgment

This inspection does not relieve the owner or tenant of the ongoing responsibility to comply with all adopted codes of the Town of Middletown and applicable state codes. Any deficiencies identified during the inspection shall be corrected prior to the issuance or continuation of a Certificate of Occupancy. If observable hazards, unsafe conditions, or life-safety concerns are identified during the inspection, the inspector may require those conditions to be corrected and brought into code compliance.

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: _____ | Tenant Fit Out: _____ |
| Total Square Feet: _____ | Cost of Materials: _____ | |

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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Middletown, DE 19709

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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 _____ | |
| _____ 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 ***** | | Cost of Materials: _____ | |
| All oil to gas conversions require cleaning of the existing chimney | | | |
| 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 | |
| <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
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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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 _____ | | | | _____ |
| 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: _____ | | | | |

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: | | | | | | | | | | | |

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.

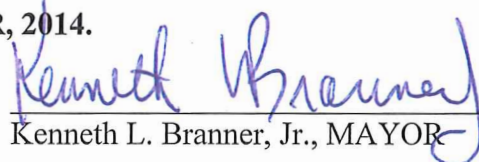
The Town of Middletown department responsible for approving an applicant's request for any town services, utilities, permits, licenses or approvals shall have the responsibility to determine if the applicant is delinquent on any town obligations outlined in section 1-13. Upon the discovery of any outstanding 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 Fax: (302) 378-5675
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 ALSO SEE THE ATTACHED NAICS CHART FOR ASSISTANCE - MINIMUM LICENSE FEE: \$135.00****

9. 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-2026

| NAICS SECTOR/SUBSECTOR | INDUSTRY SECTOR | RATE CLASS | FEE (RESIDENT) |
|---------------------------|---|----------------|---------------------|
| 11 | AGRICULTURE, FORESTRY, HUNTING & FISHING | 2 | \$135 |
| 21 | MINING, QUARRYING, OIL & GAS EXTRACTION | 3 | \$270 |
| 22 | UTILITIES | 1 | \$135 |
| 23 | CONSTRUCTION | 8 | \$135 |
| 31-33 | MANUFACTURING | GROSS RECEIPTS | SECT. 45-21 |
| 42 | WHOLESALE TRADE | GROSS RECEIPTS | SECT. 45-22 |
| 44-45 | RETAIL TRADE | GROSS RECEIPTS | SECT. 45-23 |
| 48-49 | TRANSPORTATION & WAREHOUSING | 1 | \$135 |
| 4931 | WAREHOUSING & STORAGE | GROSS RECEIPTS | SECT. 45-21 |
| 51 | INFORMATION | 2 | \$135 |
| 515 | BROADCASTING (EXCEPT INTERNET) & TELECOMMUNICATIONS | 2 | \$135 |
| 52 | FINANCE & INSURANCE | 4 | \$270 |
| 524 | INSURANCE AGENTS, BROKERS & RELATED ACTIVITIES | 1 | \$135 |
| 53 | REAL ESTATE & RENTAL & LEASING | 7 | \$135 |
| 5311 | LESSORS OF RESIDENTIAL BUILDINGS & DWELLINGS | 7 | \$135 |
| 531190 | MANUFACTURE HOME PARK | 6 | \$5.50 PER SPACE |
| 54 | PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES | 3 | \$270 |
| 55 | MANAGEMENT OF COMPANIES | 4 | \$270 |
| 56 | ADMINISTRATIVE & SUPPORT & WASTE MANAGEMENT & REMEDIATION SERVICES | 2 | \$135 |
| 61 | EDUCATIONAL SERVICES | 2 | \$135 |
| 62 | HEALTH CARE & SOCIAL ASSISTANCE | 3 | \$270 |
| 621 | AMBULATORY HEALTH CARE SERVICES | 3 | \$270 |
| 623 | NURSING & RESIDENTIAL CARE FACILITIES | 3 | \$270 |
| 6244 | DAYCARE CENTERS (7 CHILDREN OR MORE) | 5 | \$270 |
| 6244 | DAYCARE HOMES | 1 | \$135 |
| 71 | ARTS, ENTERTAINMENT & RECREATION | 2 | \$135 |
| 72 | ACCOMMODATION & FOOD SERVICES | GROSS RECEIPTS | SECT. 45-21 |
| 722330 | FOOD TRUCK | | \$135 |
| 7211 | TRAVEL ACCOMMODATIONS | 6 | \$5.50 PER SPACE |
| 81 | OTHER SERVICES | 2 | \$135 |
| 8121 | PERSONAL CARE SERVICES (2 OR FEWER) | 1 | \$135 |
| 8121 | PERSONAL CARE SERVICES (3 OR FEWER) | 5 | \$270 |

Commercial Permit Impact Fee Review



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 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: _____ |
|-------------------------|-----------------------|-------------------|--------------|

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: _____ |
|--------------------|-------------|