



Town of Georgetown Building Permit Application

Application ID _____

Property Information

Construction Address: _____

Property Owner Name: _____ Phone/Email: _____

Applicant Name: _____ Phone/Email: _____

Property Use Single Family Multi-Family Commercial: **Business Name:** _____

Rental Property: Y N **DDD:** Y N

Contractor Information *(all contractors must have a current Town Business License)*

General Contractor: _____ Phone: _____

Sub-Contractors: _____

Construction Type: New Construction (sq ft) _____ (bldg, garage, add footprint) Demolition

Renovations: Exterior Interior Shed Sign Deck Porch Fence Pool Utility Other: _____

Cost of Project/Labor & Material: \$ _____

Detailed Description of Scope of Work:

I understand that I (Applicant) am responsible for meeting the required setbacks as stated in the Zoning Ordinance of the Town of Georgetown. I also understand it is my responsibility to notify the Town Planning Department prior to completion for a Certificate of Occupancy. All information stated on this form is correct and any changes to the original application will be presented to the Town prior to the beginning of construction. Permits shall become null and void if the building/work is not substantially commenced within 90 days after the date of issuance. Once the application has been approved, the Appointed Town Official shall grant permission to construct, build, or later as per the specifications set forth. I understand it is my responsibility to contact Sussex County Planning & Zoning Department to obtain a County building permit.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Application received by: _____	<u>Bldg Code</u> Y N <u>Drinking Water</u> Y N	<u>Fire Marshal</u> Y N <u>Flood Plain</u> Y N	<u>Zoning</u> _____	<u>EDU'S</u> Water: _____ Sewer: _____ Inspect: _____
Considered Complete: _____				
	<u>C/O Required</u> Y N			