



Town of Georgetown Demolition Application

Property Information

Address: _____

Property Owner Name: _____ Phone: _____

Contact Name: _____ Contact Email: _____

Current Property Use (check one):

- Single Family Multi-Family Commercial

Type of Demolition (check one):

- Demolition of Existing Structure Relocation of Existing Structure

Detailed Description of Scope of Work:

Requirements (items that are checked):

Received:

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | The age of the structure(s) to be demolished and date of purchase by current owner. | _____ |
| <input type="checkbox"/> | Site Plan or Site Survey showing all existing structure(s) (including square footage and height) to be demolished and existing structure(s) to remain (MUST BE TO SCALE) | _____ |
| <input type="checkbox"/> | Description of the materials, configuration and use of the structure. | _____ |
| <input type="checkbox"/> | One or more recent photographs of the structure(s) showing at least 2 elevations. | _____ |
| <input type="checkbox"/> | Detailed report by an architect or structural engineer (DE registered) supporting the demolition. | _____ |
| <input type="checkbox"/> | Brief description of the proposed reuse, reconstruction or replacement including a cost estimate. | _____ |
| <input type="checkbox"/> | Names and addresses of all property owners within 200 feet from where the structure to be demolished is located and all adjacent or opposite property owners. | _____ |
| <input type="checkbox"/> | Site Plan showing the proposed new construction or use to which the property may be developed. | _____ |
| <input type="checkbox"/> | Copy of any appraisal conducted on the property within the last ten years. | _____ |
| <input type="checkbox"/> | List all existing plumbing fixtures in structure. (this will be a record for future EDU impact fee calculations) | _____ |

I, _____, the Owner or Owner's Agent (attach letter from owner), have received and agree to the terms and responsibilities as outlined in the Demolition Guidelines in order to apply for a Demolition Permit.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Application received by: _____ Date: _____ Application Considered Complete: _____

Zoning: _____

- HCA (Historic Conservation Area)
- National Historic Register

Fee: \$100.00

- Cash
- Check# _____
- Credit

Existing EDU'S

Water: _____

Sewer: _____

Town Manager Approval:

Date: _____

Planning Commission Review: _____

Historic Advisory Committee Review: _____

Planning Commission Approval: _____

Submit all requests to the Planning Department, 37 The Circle, Georgetown DE 19947
Phone: (302)856-7391 Fax: (302)856-6348