www.townofdeweybeach.com

105 Rodney Avenue Dewey Beach, DE 19971 P: (302)227-6363

# **DEMOLITION PERMIT CHECKLIST**

All of the following must be submitted with a request for demolition:

### **ASBESTOS REPORT**

Provide the actual asbestos report and paperwork confirming the asbestos has been properly disposed of per state disposal regulations. <u>Click here</u> for State of Delaware abatement information.

### **ELECTRIC DISCONNECT REQUEST**

Provide the Delmarva Power paperwork requesting the electrical service to be removed per Delmarva Power regulations.

- Contact newbusmi@delmarva.com for removal of service
- Electricians call (302)438-6243 to disconnect lines

### **WATER & SEWER PERMIT**

Provide approved permit from Sussex County to disconnect both water and sewer.

### **WATER & SEWER INSPECTION APPROVAL**

Provide approved county inspections for disconnecting both water and sewer.

Sussex County Utility Department (302)855-7719

**DNREC APPROVAL PAPERWORK** (Commercial Properties Only)

#### TOWN DEMOLITION PERMIT APPLICATION

Provide the completed Town of Dewey Beach Demolition Permit Application with all applicable signatures and payment.

Reminder: Any business or contractor doing work within the Town Limits must have a <u>current</u> Town of Dewey Beach Business License.

**BUILDING PERMIT #** 

\$1500.00

**DEMO FEE:** 

ybeach.com

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## APPLICATION FOR A DEMOLITION PERMIT

(Complete all information) PROPERTY OWNER(s) NAME(s): OWNERS' MAILING ADDRESS: OWNERS' PHONE #: OWNERS' EMAIL: **LOCATION OF DEMOLITION** ADDRESS: RESIDENTIAL COMMERCIAL LIST STRUCTURE(S)TO BE DEMOLISHED REQUESTED DEMOLITION DATE: \_\_\_\_\_ Copies of signed contract(s) between the property owner(s) & all contractor(s) must be included with this application. CONTRACTOR PHONE: DEWEY BUSINESS LICENSE #: NAME: ALL CONTRACTORS, SUBCONTRACTORS and TRADES ARE REQUIRED TO HAVE A CURRENT TOWN OF DEWEY BEACH BUSINESS LICENSE SIGNATURE OF ASSOCIATION (CONDO/HOA) REPRESENTATIVE \_\_\_\_\_ PRINT NAME OF ASSOCIATION (CONDO/HOA) REPRESENTATIVE:\_\_\_\_\_ \_\_\_\_DATE SIGNED: \_\_\_\_ CONTACT PHONE #: I certify that I am the owner of record for this property **OR** that I have been authorized by the owner of record to make this application. This information is true and correct to the best of my knowledge. PRINT NAME APPLICANT EMAIL:\_\_\_\_\_ CONTACT PHONE #:\_\_\_\_\_ \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_ TAX DISTRICT: 334 PARCEL: UNIT: MAP:

FLOOD ZONE:

+ 1 FOOT FREEBOARD

Rev. 01/2025