KENT COUNTY APPLICATION FOR BUILDING PERMIT Instructions are available here.

mistructions are available nere.	Application Fee \$
1) PROPERTY OWNER'S NAME	EHD Fee \$
MAILING ADDRESS	
CITYSTATESTATE	
PHONEEMAIL	
How would you like to be notified when the permit has been approved? Phone	e 🖵 Email In-Person pick-up is preferred.
2) PROPERTY ADDRESS:	City:
District: Map: Parcel: Lot: Acres/ SF:	Deed Ref.:
Proposed Work:	
OFFICE USE: New Address: Y / N Floodplain: A / C Zoning District: _	
3) Market Value of Work \$ A rental: \(\bar{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\tintel{\text{\texi}\text{\text{\text{\tin}\text{\text{\texi}\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tin}\tiintet{\texi{\texi{\texi{\tiexi{\texi{\texi{\texi{\texi{	
4) Site Plans – Existing & Proposed. Please show the location of the existing property	· · ·
distance from the building to the property lines (front, left & right side, and rear) and the	
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	otage)
Rear % Slope Distance to Mean High Tide Area of Existing Lot Co	
, , ,	griculture Lean-to
☐ New Single-Family Dwelling ☐ Replacement Single-Family Dwelling ☐ St☐ Residential Addition ☐ Residential Renovation ☐ D	eck/Porch Pool / Hot Tub
	ew Commercial Building
☐ Pier/Shoreline ☐ MDE ☐ Comm Tower/Antennas ☐ Solar ☐ Ot	
☐ Electronic Plans Provided	
*Improvements: □ *Electric □ *Plumbing □ *HVAC □ *Fireplace/Chimney	*MDIA Inspection will be required.
6) Dimensions: First Floor SF Accessory	
□ Second Floor SF □ Deck □ P	
	ot Tub SF
☐ Attached Garage ☐ Detached Garage ☐ Carport	
	SF
□ Bedrooms: ExistingNew Total □ Bathrooms	: Existing New Total
7) Water & Sewer 7b) Entrance:	
Type of Sewage Disposal: Private Septic Public Sewer State Roa	· ·
Type of Water Supply: Private Well Public Water County F	Road: New Existing Private
	osion Control Certification #
	piration Date
Address:NHBR# & Expiration	
Phone: Email:	
*Electrician:	D. D. Carratte M. and Co. III
Address: Email:	Registered W/ Kent Co #
*Plumber:	
Address:	☐ Licensed with Kent Co #
Phone: Email:	
*HVAC: License # & Expiration	n Date
Address: Email/Phone:	
*Inspections are Required unless exempted by other regulations.	
9) I hereby certify and agree that 1) I am authorized to make this application, 2) That the information is correct, 3) I grant County Officials the right to enter on the property for the purpose of inspecting the work permi	rization (If applying on behalf of the property owner
Date: Applicant's Name (PRINT):	
Applicant's Signature:Applicant's Ivanie (FKHV1)	
Address: Email	

For Office Use Only:

Permit # ___