

FEE PAID _____
CHECK# _____

LICENSE# _____
RECEIVED BY _____

Fax form to: (302)736-4217

Email form to: permitsandlicenses@dover.de.us

APPLICATION FOR PUBLIC OCCUPANCY PERMIT
(One Permit per Building)

City of Dover
Department of Planning and Inspections
PO Box 475
Dover Delaware 19903
302-736-7011

Address & Name of Building _____

Name of Owner _____

Address _____ Phone# _____

TYPE OF PUBLIC OCCUPANCY DWELLING AND FEES (Please Circle One)

1. Hospitals-**\$15.00** first ten rooms & **\$2.00** each additional
2. Nursing Homes-**\$15.00** first ten rooms & **\$2.00** each additional
3. Rest Homes-**\$15.00** first ten rooms & **\$2.00** each additional
4. Commercial Theaters & Auditoriums-**\$50** for first 200 seats & **\$5.00** each additional 50 seats
5. Public Auditoriums-**\$50.00**
6. Schools-**\$50.00**
7. Churches-**\$50.00**
8. Day Care Facilities-**\$50.00**
9. Public Office Buildings (10,000+ square Feet)-**\$50.00**
10. Mercantile Buildings (10,000+ square feet)-**\$50.00**
11. Restaurants (10,000+ square feet) - **\$50.00**
12. Restaurants of any size that serve alcoholic beverage-**\$75.00**
13. Club Houses-**\$100.00**

Number of Patient Rooms (Hospitals/Nursing or Rest Homes) _____

Number of Seats (Theaters and Auditoriums) _____

Square Feet (Office/Clubs/Mercantile/Restaurants) _____

DATE

SIGNATURE

INTERNAL USE ONLY

ZONING APPROVED BY _____ **DATE** _____ **PARCEL ID** _____

FIRE MARSHAL APPROVED BY _____ **DATE** _____

COMMENTS: _____