City of Dover, DE
Department of Planning and Inspections
Office of the Fire Marshal
P.O. Box 475 Dover, DE 19903
(302)736-7010
www.cityofdover.gov

Complete both sides

Fee Paid: _____ License #: _____
Check #: _____
Cash _____
Credit _____

Fax Form To: 302-736-4217
Email Form To: permitsandlicenses@doverde.gov

Application for Rental Dwelling Permit

Address of Rental Building_____

**Apartment or Condo numbers or letters in this building_____

Name of Owner_____

Address of Owner_____Phone _____

Name of Agent or Contact_____Phone _____
(*Required if owner lives outside of Kent County*)
Address_____

License to be mailed to: ☐ Owner ☐ Agent Email:_____

TYPE OF RENTAL DWELLING BUILDING AND FEE (CIRCLE ONE)
**PLEASE CALL 302-736-7010 FOR PRO-RATED AMOUNT

1.) **Apartment Building** - $200 FOR FIRST THREE UNITS, $50 FOR EACH ADDITIONAL UNIT - **NUMBER OF UNITS**_____

2.) **Single Family Detached Dwelling** $200 PER UNIT ☐

3.) **Mobile Home** $200 PER UNIT ☐

4.) **Duplex Unit** $200 PER UNIT ☐

5.) **Townhouse Unit** $200 PER UNIT ☐

6.) **Condo Unit** $75 PER UNIT ☐

7.) **Apartment in Owner Occupied Home** $75 PER UNIT ☐

8.) **Short Term Rental** $200 PER UNIT ☐

ATTACH PROOF OF INSURANCE COVERAGE FOR RENTAL PROPERTY

For Office Use Only

Zoning	Approved By:	Date:	Parcel ID:
Code Enforcement	Approved By:	Date:	Comments:

Will this rental provide any of the following:

☐ **Yes** ☐ **No** Day Care use to include, but not be limited to adult day care, child day care, home day care, or nursery

☐ **Yes** ☐ **No** Residential Board and Care to include, but not be limited to: group housing arrangement for physically or mentally handicap persons, group housing arrangement for the elderly that provides personal care services but does not provide nursing care, facilities for social rehabilitation, alcoholism, drug abuse, or mental health problems that contain group housing, assisted living facilities, or other group housing that provide personal care services but not nursing care.

If yes to either of these questions: A letter will need to be provided stating exactly what is taking place at the residence. The Chief Building Inspector, Fire Marshal, and a Planner will review the letter and conduct an onsite walk through to discuss any items which may be required per code before the rental license can be issued and the property be occupied.

If no to either of these questions and if the residence is found to be conducting one of the occupancy classifications listed above, the rental license will be suspended until the residence is brought into code compliance.

Yes☐ **No**☐ Do you own and occupy this dwelling?

_____ _____

DATE OWNER/AGENT SIGNATURE