

## **Pool Permit Packages**

**ALL** the enclosed documents must be read carefully.

They must be completed by the property owner, signed & notarized where specified. A Notary is available in the Building Department for your convenience at no cost to you.

**Please do not assume that forms do not apply to you, everything must be filled out.**

Items to be submitted along with package:

1. Specifications of pools, pumps & filters must be submitted.
2. You will need to submit a survey of your property and on that survey you will need to outline exactly where the pool is being placed. Also on the survey you will need to outline new or existing pool barrier (fence) to comply with the NJ Uniform Construction Code which is enclosed. Check with the Township Zoning Official for set backs for pool concrete walkways, fences and retaining walls. (609) 698-0080 x 159
3. You will need an electrical diagram showing how the electrical wiring will be installed.
4. All inground pools require a plumbing permit. If you are installing an above ground pool with main drains you will need to include a plumbing permit.
5. If you are installing a pool heater you will need to obtain an electrical permit and a plumbing permit as well as a gas schematic showing how the gas line will be installed.
7. All Inground Pool plans (2 sets of plans) must be sealed & signed by a New Jersey Licensed Engineer.

## **Fences for ABOVE GROUND Pools**

**The local Township Zoning Ordinance requires that EVERY pool have a fence.**

**This fence may or may not meet pool barrier requirements in the Building Dept. which governed by New Jersey U.C.C.**

**If the fence is Barrier Compliant according to the U.C.C. then you do not need 48inch pool walls and ladder protection.**

**Please see the attached Barrier Compliant Code**

## **Pool Inspections**

The owner and agent/contractor bear joint responsibility for bringing compliance to the regulations pursuant to N.J.A.C. 5:23-2.18(c).

The owner or other responsible person in charge of work shall notify the enforcing agency when the work is ready for any required inspection specified herein or required by the Construction Official or appropriate Sub Code Official. This notice shall be given at least 24 hours prior to the time the inspection is desired. Inspections shall be performed within three business days of the time for which it was requested. The work shall not proceed in a manner which will preclude the inspection until it has been made.

### **In-ground Pools:**

**Collar Inspection** – Both Pre Collar and Collar inspections are required.

**Rough Electric & Rough Plumbing (Refer to attached diagram)** – After wire and conduit are installed, and supply and return piping an open trench and bonding inspection shall be done prior to backfill

**Final Building** - All barriers are erect, diving boards and rails are installed.

**Final Electric** - For this inspection, house access to panel box is required.

**Final Plumbing** - All equipment installed, no interior access required

### **Above-ground Pools:**

**Rough Electric** - After wire is installed an open trench inspection shall be done.

**Final Building** - Pool is completely installed and all barriers are in place.

**Final Electric** - For this inspection, house access to panel box is required.



# Barnegat Township

## Construction Office

900 West Bay Avenue, Barnegat, New Jersey 08005

Tel 609.698.0080 Fax 609.698.7446

[www.barnegat.net](http://www.barnegat.net)

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July 21, 2016

**EFFECTIVE IMMEDIATELY**

From: Martin Tellekamp  
Plumbing Subcode Official  
609-698-0080 x115

To: All Pool Contractors and Homeowners

Re: Testing and Inspection of ALL piping:

**EFFECTIVE IMMEDIATELY AS PER THE STATE OF NEW JERSEY**

With the adoption of 2015 International Codes, the 2015 International Swimming Pool and Spa Code (ISPSC) is adopted by reference as part of the Uniform Construction Code.

All underground piping for pools and spas are to be left uncovered for plumbing inspection and must be hydrostatically tested to 25 PSI and all pipes must be properly bedded in. All piping shall be run to the pump location and the test gauge installed in that area for inspection. At the same inspection, the dual main drain shall also be installed and ready for inspection as part of the test.

This procedure will help in avoiding delays and additional inspections during the pool construction process.

Many pool contractors already have this procedure in place, but moving forward it is a requirement for EVERY new pool installation. We all need to work together to protect the homeowner and complete the inspection process in the most efficient way possible.

If you have any questions, please do not hesitate to contact me at 609-698-0080 x115.

Thank you,

Martin Tellekamp

BARNEGAT TOWNSHIP BUILDING DEPARTMENT  
900 WEST BAY AVENUE  
BARNEGAT, NEW JERSEY 08005  
PHONE- 609-698-0080 -- FAX- 609-698-7446

Office of Permits & Inspections

Date: \_\_\_\_\_  
To: Construction Official  
From: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
Re: Pool/Spa Permit Application  
Block \_\_\_\_\_ Lot \_\_\_\_\_

I have reviewed and understand 2015 ISPSC - "BARRIER REQUIREMENTS".  
I intend to enclose my pool/spa in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Homeowner's Signature

NOTE: Neighboring fences may be used as a barrier. A variation must be filed. The variation must include a statement from the fence owner acknowledging the use of the fence as a pool barrier and a statement from the pool owner acknowledging responsibility to install a compliant barrier should the neighbor remove his fence for any reason. The barrier can not be climbable, as per code, from the side away from the pool.

Conforming barriers can not be placed back to back to non-conforming (climbable) barriers. They must be separated by sufficient distance to ensure barrier's effectiveness. **3 FEET per 2015 BARRIER CODE**  
Questions of barrier requirements can be answered by the building dept. prior to work being done to assure code compliance.

I understand that misrepresentation of the facts, proofs or statements will result in this application being invalid and any permit issued being null and void. If any permit is required to be voided the Township will proceed as if the permit had not been obtained.

**A site inspection will be conducted prior to issuing permit.**

**305.2.1 Barrier height and clearances.** Barrier heights and clearances shall be in accordance with all of the following:

1. The top of the barrier shall be not less than 48 inches (1219 mm) above grade where measured on the side of the barrier that faces away from the pool or spa. Such height shall exist around the entire perimeter of the barrier and for a distance of 3 feet (914 mm) measured horizontally from the outside of the required barrier.

2015 ISPC

## BARRIER REQUIREMENTS

**AG105.1 Application.** The provisions of this chapter shall control the design of barriers for residential swimming pools, spas and hot tubs. These design controls are intended to provide protection against potential drownings and near-drownings by restricting access to swimming pools, spas and hot tubs subject to this code.

**AG105.2 Outdoor swimming pool.** An outdoor swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be surrounded by a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches (1219 mm) above *grade* measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade, such as an above-ground pool, the barrier may be at ground level, such as the pool structure, or mounted on top of the pool structure. Where the barrier is mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).
2. Openings in the barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.
3. Solid barriers which do not have openings, such as a masonry or stone wall, shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.

4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed  $1\frac{3}{4}$  inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed  $1\frac{3}{4}$  inches (44 mm) in width.
5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed  $1\frac{3}{4}$  inches (44 mm) in width.
6. Maximum mesh size for chain link fences shall be a  $1\frac{3}{4}$ -inch (57 mm) square unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than  $1\frac{3}{4}$  inches (44 mm).
7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall not be more than  $1\frac{3}{4}$  inches (44 mm).
8. Access gates shall comply with the requirements of Section AG105.2, Items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372 mm) from the bottom of the gate, the release mechanism and openings shall comply with the following:
  - 8.1. The release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate; and
  - 8.2. The gate and barrier shall have no opening larger than  $\frac{1}{2}$  inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.
9. Deleted.
10. Where an above-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps:
  - 10.1. Deleted.
  - 10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of Section AG105.2, Items 1 through 9.

**POOL WATER SERVICE CERTIFICATION**

I, \_\_\_\_\_, am the owner of the property known  
as Block \_\_\_\_\_, lot \_\_\_\_\_ located at \_\_\_\_\_  
Barnegat, NJ.

I hereby certify that the swimming pool installed at this site is  
provided with a permanent water supply and any house bib outlet used to fill this pool is  
provided with protection against siphonage pursuant to the National Standard Plumbing  
Code . 2015

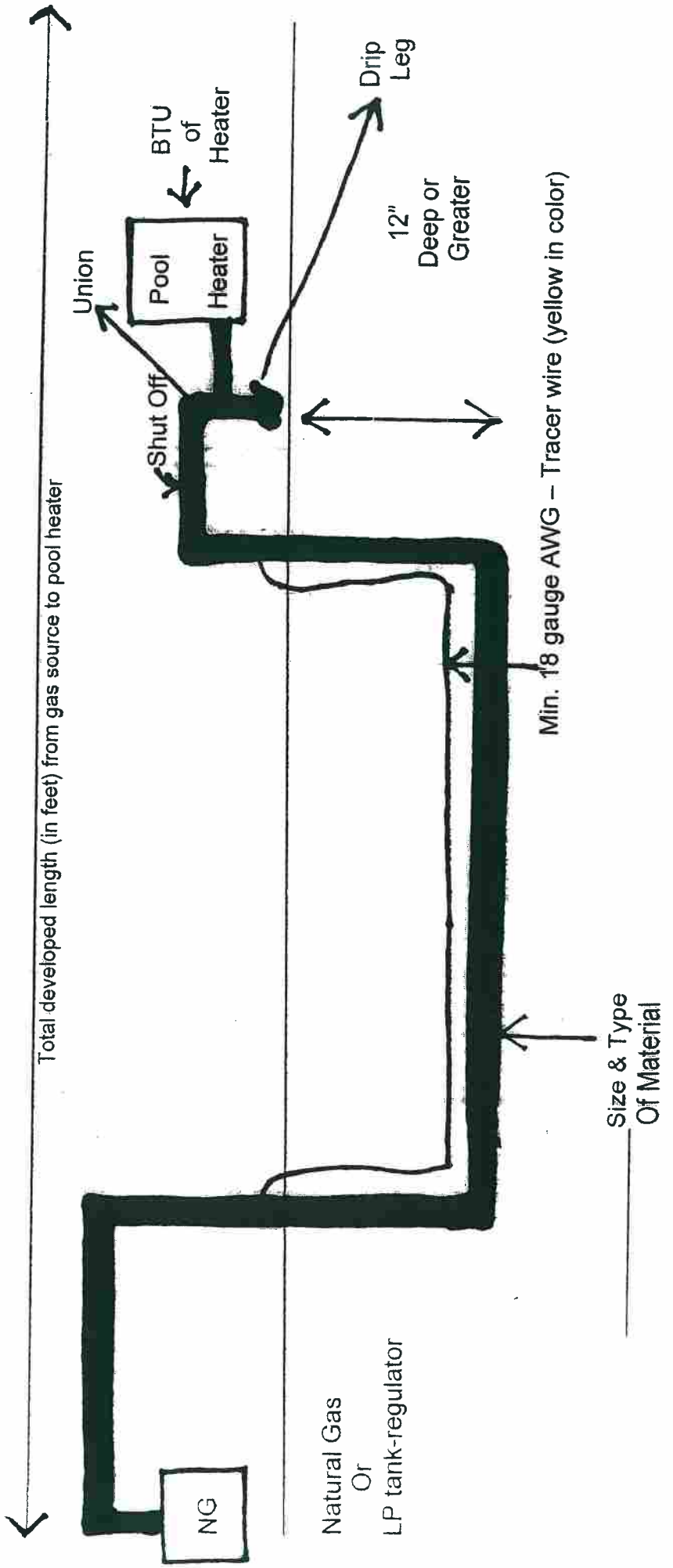
\_\_\_\_\_  
Owners signature



## Gaslines for Pool Heaters

The following must be shown:

- \* The type of material used
  - \* Total developed length of
  - \* Size of the gas pipe
  - \* The BTU's of pool heater
  - \* Plumbing Permit completed and signed by owner or contractor performing work
- \* All new gas piping **MUST** be tested by an air pressure test
  - \* Test **MUST** be 20lb test and **MUST** hold pressure at least 30 minutes before inspection
  - \* Pipe and trench **MUST** be full exposed for inspection.
  - \* All work **MUST** comply with the International Fuel Gas Code 2009 & IRC 2009





**POOL GRADING CERTIFICATION**

**The following Notarized Certification by the owner of the property must be submitted prior to any C.O. being issued for any in-ground or above-ground swimming pool installation**

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STATE OF NEW JERSEY

SS:

COUNTY OF OCEAN

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I, \_\_\_\_\_ of full age, hereby attest and certify:  
Property owner

1. That I am the owner of the property known as Block \_\_\_\_\_ lot \_\_\_\_\_  
located at: \_\_\_\_\_ Barnegat, NJ

2. That the existing grading, swales or other site conditions affecting drainage have not been altered and will not create any adverse water and drainage conditions; or,

3. That if the existing grading, swales or other site conditions affecting drainage have been altered, I shall submit a "Certified As-Built" Survey or Plot Plan prepared by a licensed New Jersey Land Surveyor or Engineer showing the actual re-grading of the property prior to the issuance of the Certificate of Occupancy.

\_\_\_\_\_  
Owners signature

Sworn to and subscribed before

me this \_\_\_\_\_

day of \_\_\_\_\_

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## Zoning Permit Packages

Please read ALL the enclosed documents carefully.

They must be completed by the property owner, signed & notarized where specified. A Notary is available in the Building Department for your convenience at no cost to you.

**Please do not assume that forms do not apply to you, everything must be filled out.**

Items that will need to be submitted along with your package:

1. You will need to submit a survey of your property and on that survey you will need to highlight where you are placing your shed, fence, etc.
2. You will need to submit two sets of plans with any structure.
3. You will need to put the type or style, size, height, and setbacks on the survey.
4. For setbacks please check with the Zoning Dept. at the telephone below.
5. The **Homeowner** must sign and date the zoning permit application.

**Important\*\*\*\*\***

**\*\*\*\*Note:** It is important to check with our office staff to make sure exactly which items will be needed.

Any questions regarding items required please do not hesitate to call:  
(609) 698-0080 x159



**REGRADING and/or RETAINING WALL CERTIFICATION**

The following **NOTARIZED** certification by the **OWNER** of the property listed below must be submitted prior to any C.O. or C.A. being issued for any retaining wall installation or other changes to a previously approved lot grading.

STATE OF NEW JERSEY  
COUNTY OF OCEAN

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I, \_\_\_\_\_, of full age, hereby attest and certify:

**PROPERTY OWNER**

1. That I am the owner of the property known as Block \_\_\_\_\_ Lot \_\_\_\_\_ located at \_\_\_\_\_ Barnegat, New Jersey.
2. I understand that for Retaining Walls, the **MINIMUM** submission requirements are: a survey or plot plan showing the exact location of the proposed wall; and a straight-line "ruled" drawing (top view and side view) with footing and wall construction details, required anchoring and stabilization of the wall. I further understand that if the wall exceeds a height of thirty (30") inches, the design plans must be certified by a licensed NJ Engineer.
3. That the existing grading, swales or other site conditions affecting drainage have not been altered and will not create any adverse water and drainage conditions; or,
4. That since the existing grading, swales or other site conditions affecting drainage are being altered, I shall submit a "Certified, As-Built" Survey or Plot Plan prepared by a licensed New Jersey Land Surveyor or Engineer showing the actual re-grading of the property and any structures constructed, with a certification that the grading and drainage comply with the Barnegat Township Ordinances, prior to the issuance of the Certificate of Occupancy or Certificate of Approval.

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me  
This \_\_\_\_\_ day of

\_\_\_\_\_

\_\_\_\_\_



Barnegat Township  
Construction Office  
900 West Bay Avenue, Barnegat, New Jersey 08005  
Tel 609.698.0080 Fax 609.698.7446  
[www.barnegat.net](http://www.barnegat.net)

## TRASH/DEBRIS - ORDINANCE # 1986-28

BARNEGAT TOWNSHIP CODES REQUIRE CONTROL AND PROPER DISPOSITION OF DEBRIS. BARNEGAT TOWNSHIP ORDINANCE # 1986-28 ADDRESSES **THE REQUIREMENT FOR A DUMPSTER ON SITE OR IMMEDIATE REMOVAL OF DEBRIS FROM ANY ACTIVITY INVOLVING A BUILDING PERMIT.**

THE TOWNSHIP WILL NOT PICK UP DEBRIS RESULTING FROM ACTIVITY RELATED TO A BUILDING PERMIT.

THE OWNER OF A PROPERTY IS RESPONSIBLE FOR CONTROL AND ULTIMATE PROPER/LEGAL DISPOSITION AND REMOVAL OF DEBRIS, EQUIPMENT, APPLIANCES AND ANY TYPE OF CONSTRUCTION MATERIAL.

**ALL MATERIALS BEING REMOVED OR TORN DOWN SHALL BE STORED IN A DUMPSTER OR IMMEDIATELY REMOVED FROM THE SITE.**

*ANY CONFIRMED CODE VIOLATION, AT ANY TIME FOLLOWING RECEIPT/ACKNOWLEDGEMENT OF THIS NOTICE IS SUBJECT TO SUMMONS.*

### RECEIPT ACKNOWLEDGEMENT

PROPERTY - BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

I DO HEREBY CERTIFY, I have read the above and that all Debris will be removed  
And that the information on this form is correct.

Please check one: I am the Property Owner \_\_\_\_\_ I am the Agent \_\_\_\_\_

OWNER/AGENT NAME (PRINT) \_\_\_\_\_

OWNER/AGENT SIGNATURE \_\_\_\_\_

**THIS DOCUMENT MUST BE COMPLETED WITH EVERY ZONING and/or PERMIT!**



# CONSTRUCTION PERMIT

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

IDENTIFICATION Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Owner in Fee \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Tax ID No. \_\_\_\_\_

**Is hereby granted permission to perform the following work:**

- BUILDING                     PLUMBING                     LEAD HAZARD ABATEMENT
- ELECTRICAL                 FIRE PROTECTION         DEMOLITION
- ELEVATOR DEVICES       ASBESTOS ABATEMENT    OTHER \_\_\_\_\_  
(Subchapter 8 only)

DESCRIPTION OF WORK: \_\_\_\_\_

**NOTE:** If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ \_\_\_\_\_

\_\_\_\_\_  
Construction Official

\_\_\_\_\_  
Date

**PAYMENTS (Office Use Only)**

Building \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
 Elevator Devices \_\_\_\_\_  
 Other \_\_\_\_\_  
 DCA State Permit Fee \_\_\_\_\_  
 Cert. of Occupancy \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Collected by \_\_\_\_\_

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



# ELECTRICAL SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**  
 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License No. \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**  
 Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
Date: (Month/Day)			
<input type="checkbox"/> No Plans Required			Type: _____ Failure _____ Approval _____ Initial _____
Joint Plan Review Required:			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Rough _____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Barrier-Free _____
<input type="checkbox"/> Elec. Plans Approved			Trench _____
			Temp. Serv. _____
			Constr. Serv. _____
			TCO _____
			Other _____
			Service _____
			Final _____
			Barrier-Free _____
SUBCODE APPROVAL			
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued _____
			Final Cut-in-Card Date Issued _____
			Annual Pool Inspection _____
			Date of Grounding and Bonding Certification _____
			Approved by: _____

**C. CERTIFICATION IN LIEU OF OATH**  
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature  
 Licensed Elec. Contractor  Certif'd Landscape Irrigation Contr  Exempt Applicant

**D. TECHNICAL SITE DATA**

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	_____
		Storable Pool/Spa/Hot Tub	_____
		KW Elec. Range/Receptacle	_____
		KW Oven/Surface Unit	_____
		KW Elec. Water Heater	_____
		KW Elec. Dryer/Receptacle	_____
		KW Dishwasher	_____
		HP Garbage Disposal	_____
		KW Central A/C Unit	_____
		HP/KW Space Heater/Air Handler	_____
		KW Baseboard Heat	_____
		HP Motors 1/+ HP	_____
		KW Transformer/Generator	_____
		AMP Service	_____
		AMP Subpanels	_____
		AMP Motor Control Center	_____
		KW Elec. Sign/Outline Light	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>





# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

A. IDENTIFICATION—APPLICANT: \_\_\_\_\_ COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

D. TECHNICAL SITE DATA (List of all fixtures)

NO. \_\_\_\_\_ FEE (Office Use Only) \$ \_\_\_\_\_

\_\_\_\_\_ FUTURE/EQUIPMENT \_\_\_\_\_

\_\_\_\_\_ Water Closet \_\_\_\_\_

\_\_\_\_\_ Ice Maker \_\_\_\_\_

\_\_\_\_\_ Bath Tub \_\_\_\_\_

\_\_\_\_\_ Lavatory \_\_\_\_\_

\_\_\_\_\_ Shower \_\_\_\_\_

\_\_\_\_\_ Floor Drain \_\_\_\_\_

\_\_\_\_\_ Sink \_\_\_\_\_

\_\_\_\_\_ Dishwasher \_\_\_\_\_

\_\_\_\_\_ Drinking Fountain \_\_\_\_\_

\_\_\_\_\_ Washing Machine \_\_\_\_\_

\_\_\_\_\_ Hose Bibb \_\_\_\_\_

\_\_\_\_\_ Water Heater \_\_\_\_\_

\_\_\_\_\_ Fuel Oil Piping \_\_\_\_\_

\_\_\_\_\_ Gas Piping \_\_\_\_\_

\_\_\_\_\_ Gas Appliances \_\_\_\_\_

\_\_\_\_\_ Boiler \_\_\_\_\_

\_\_\_\_\_ Sump Pump \_\_\_\_\_

\_\_\_\_\_ Sewer Pump \_\_\_\_\_

\_\_\_\_\_ Interceptor/Separator \_\_\_\_\_

\_\_\_\_\_ Backflow Preventer \_\_\_\_\_

\_\_\_\_\_ Greasetrap \_\_\_\_\_

\_\_\_\_\_ Sewer Connection \_\_\_\_\_

\_\_\_\_\_ Water Service Connection \_\_\_\_\_

\_\_\_\_\_ Stacks \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab	_____	_____	_____	_____
<input type="checkbox"/> Building	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Elevator	Sewer	_____	_____	_____	_____
	Water	_____	_____	_____	_____
	Gas Equipment	_____	_____	_____	_____
	Other	_____	_____	_____	_____
	LP Gas Tank	_____	_____	_____	_____
	Fuel Oil Piping	_____	_____	_____	_____
	Solar	_____	_____	_____	_____
	TCO	_____	_____	_____	_____

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor  Exempt Applicant



# BUILDING SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

### A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Insulation	_____	_____	_____	_____
SUBCODE APPROVAL			Finishes -Base Layer	_____	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Finishes -Final	_____	_____	_____	_____	_____
Date:			Energy	_____	_____	_____	_____	_____
Approved by: _____			Mechanical	_____	_____	_____	_____	_____
			TCO	_____	_____	_____	_____	_____
			Other	_____	_____	_____	_____	_____
			Final	_____	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____	_____

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft.

Area — Largest Floor \_\_\_\_\_ Sq. Ft.

New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.

Volume of New Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

### Est. Cost of Bldg. Work:

- New Bldg. \$ \_\_\_\_\_
- Rehabilitation \$ \_\_\_\_\_
- Total (1+2) \$ \_\_\_\_\_

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.  
Signature \_\_\_\_\_

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

#### FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

- TYPE OF WORK:
- New Building
  - Addition
  - Rehabilitation
  - Roofing
  - Siding
  - Fence \_\_\_\_\_ Height (exceeds 6')
  - Sign \_\_\_\_\_ Sq. Ft.
  - Pool
  - Retaining Wall \_\_\_\_\_ Sq. Ft.
  - Asbestos Abatement Subchapter 8
  - Lead Haz. Abatement NJAC 5:17
  - Radon Remediation
  - Other \_\_\_\_\_
  - Demolition