

Zoning Permit Packages

Please read ALL the enclosed documents

Please do NOT ASSUME that the forms do not apply to you.

Every form MUST be filled out.

Items that you will need to submit along with these forms:

1. A full size copy of your property survey, and on that survey you must highlight where you are placing the shed, fence, deck, patio or generator.
2. If your project requires plans, please submit 2 copies.
3. Where it asks for a description of work, please make sure to include the type, size, style, height, etc.
4. You will need to put setbacks with arrows showing how far away in feet -from the edge of your (shed,deck,patio) to your property lines.
5. If you have a Homeowner's Association – you will need a letter from them stating they have approved your project.
6. The Homeowner must sign and date the Zoning Permit Application.
7. The Homeowner must sign the Regrading/Retaining Wall Certification and have it notarized.
8. If you need assistance with setbacks please check with the Zoning Department (609) 698-0080 x159
9. It is important to check with office staff to ensure you have everything that is needed to submit your application.



Barnegat Township
900 West Bay Avenue
Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____

Property Location/Work Site _____

Owner of Record _____

Mailing Address (if different) _____

Phone: () _____ () _____
Home work

PERMIT # _____

FEE \$ _____

CASH _____ CHECK _____

DATE _____

ZONE _____

Name of Applicant, Contractor or Person Responsible for work – If other than the homeowner _____

Address of Applicant – If other than the Homeowner _____ () _____ DAYTIME PHONE

AUTHORIZATION: (If anyone other than above owner is making this application, the following authorization must be executed)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOWNSHIP OF BARNEGAT:

_____ IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION.
NAME OF DESIGNEE

DATE: _____ SIGNATURE OF OWNER: _____

DESCRIPTION OF WORK AND/OR USE:

APPLICANT'S SIGNATURE (REQUIRED) _____ DATE _____

PERMIT APPROVED _____
DATE SIGNATURE

*PERMIT DENIED _____
DATE SIGNATURE

TYPE OF APPLICATION	
<u>RESIDENTIAL:</u>	ALTERATION: _____
ADDITION _____	NEW _____
SHED _____	DECK _____ POOL _____
FENCE _____	OTHER _____
<u>COMMERCIAL, ETC.</u>	NEW _____
ALTERATION _____	ADDITION _____
CONSTRUCTION TRAILER	NEW _____
OTHER _____	
<u>TEMPORARY EVENT:</u>	_____

**** LOCATION SURVEY REQUIRED
MUST MEET THE REQUIRED
MINIMUM SETBACKS AS SUBMITTED**

REASONS/CONDITIONS/REMARKS: _____

DENIED

REGRAIDING 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

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

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!



Barnegat Township

Construction Office

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08005

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www.barnegat.net

POOL BARRIER REQUIREMENTS

Date: _____

To: Construction Official

From: _____ (name)
_____ (address)

Re: Pool/Spa Permit Application

Block _____ Lot _____

I have reviewed and understand the 2018 ISPC – “BARRIER REQUIREMENTS”
I intend to enclose my pool/spa in the following manner:

Homeowner's Signature

Notes: 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 cannot be climbable, as per code, from the side away from the pool.

Conforming barriers cannot 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 2018 BARRIER CODE**. Questions for barrier requirements can be answered by the Building Dept. prior to work being done to assure code compliance.

I understand that misrepresentations 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 a permit

3.05.2.1 Barrier height and clearances.

Barrier heights and clearances shall be in accordance with 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

2018 ISPSP

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. 11
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. 11
 - 10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of Section AG105.2, Items 1 through 9.



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____
 Address _____ Tel. _____ e-mail _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____
 Address _____ Tel. _____ e-mail _____

4. Principal Contractor: _____
 Address _____ Tel. _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ FAX: _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES

(Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<input type="checkbox"/> Building							
<input type="checkbox"/> Electrical							
<input type="checkbox"/> Plumbing							
<input type="checkbox"/> Fire Protection							
<input type="checkbox"/> Elevator							
TOTAL COST \$0							

VI. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Elevator Devices	\$ _____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VII. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____ ft.

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group

3. Change in Use Group, Indicate Present: _____ Select Group

4. No. of dwelling units: Total Units Income-restricted

 Gained, Sale _____

 Gained, Rental _____

 Lost, Sale _____

 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group

3. Change in Use Group, Indicate Present: _____ Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/ 4. Refrigeration Systems

2. Dumbwaiters/Moving Walks 5. Cro-S-Connections/Backflow Preventers

3. High Pressure Piping 6. Hazardous Materials/Placards of Assembly

7. Smoke Control Systems in Open Wells 12. Fire Alarm

8. Underground Storage Tanks

9. Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

- C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

- C.3. () Electrical C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

() Check if contractor.

Agent Name _____

Address _____

Telephone _____

Signature _____

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
Address _____

Owner in Fee _____
Address _____ Tel. (____) _____

Tel. (____) _____ Lic. No. or Bldrs. Reg. No. _____
Tax ID No. _____

Is hereby granted permission to perform the following work:

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

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	_____

U.C.C. F178 (rev. 01/04)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

(see reverse side)



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 _____ e-mail _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip/c 26 _____

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	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approv.	1	
<input type="checkbox"/> No Plans Required			Footings		
<input type="checkbox"/> All			Footings Bonding		
<input type="checkbox"/> Footing			Foundation		
<input type="checkbox"/> Foundation			Slab		
<input type="checkbox"/> Frame			Frame		
<input type="checkbox"/> Other			Truss Sys./Bracing		
			Barrier-Free		
Joint Plan Review Required:			Insulation		
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes -Base Layer		
			Finishes -Final		
SUBCODE APPROVAL			Energy		
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical		
Date:			TCO		
Approved by:			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+ 2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Rehabilitation	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____	Height (exceeds 6') Sq. Ft. _____
<input type="checkbox"/> Sign _____	Sq. Ft. _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Retaining Wall _____	Sq. Ft. _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8	\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5.17	\$ _____
<input type="checkbox"/> Radon Remediation	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____

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