

# 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.

Gazebo/Pergola - \$30.00 Zoning Fee upon Submittal



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

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

** 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.

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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.

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SIGNATURE

Sworn to and subscribed before me

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

\_\_\_\_\_, \_\_\_\_\_

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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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**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 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: \_\_\_\_\_  
 Tel: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 street municipality zip code  
 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ Tel: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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**

Mirror 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)

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

**III. PLAN REVIEW (optional)**

- DO YOU WANT:  
 Partial Releases  
 Prototype Processing

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

1.  Elevators/Escalators/Lifts/ 4.  Refrigeration Systems  
 2.  Dumbwaiters/Moving Walks 5.  Cross-Connections/Backflow Preventers  
 3.  High Pressure Boilers 6.  Hazardous Uses/Places of Assembly  
 7.  ... 8.  Smoke Control Systems in Open Wells 12.  Fire Alarm  
 9.  Underground Storage Tanks  
 10.  Swimming Pools, Spas and Hot Tubs

**V. FEE SUMMARY (for office use only)**

Item	Amount	Update	Update
1. Building	\$ _____		
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	\$ _____		

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

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

**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 \_\_\_\_\_ Address \_\_\_\_\_

Owner in Fee \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_ 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)



# 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. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
street municipality zip code  
Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor: \_\_\_\_\_ 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	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footing				
<input type="checkbox"/> All			Footing Bonding				
<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	Insulation				
			Finishes - Base Layer				
			Finishes - Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

### B. BUILDING CHARACTERISTICS

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

Constr. 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:**

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. 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)
<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	\$ _____

**TYPE OF WORK:**

New Building

Addition

Rehabilitation

Roofing

Siding

Fence \_\_\_\_\_

Sign \_\_\_\_\_

Pool

Retaining Wall \_\_\_\_\_

Asbestos Abatement Subchapter 8

Lead Haz. Abatement NJAC 5.17

Radon Remediation

Other \_\_\_\_\_

Demolition

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**