



**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.



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 \_\_\_\_\_ Lic. No. or Bldrs. 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 \_\_\_\_\_

- U.C.C. F176 (rev. 01/04)
- 1 WHITE-INSPECTOR
- 2 CANARY-OFFICE
- 3 PINK-TAX ASSESSOR
- 4 GOLD-APPLICANT

(see reverse side)

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	_____



# FIRE PROTECTION 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 code \_\_\_\_\_

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

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

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

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

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fire Alarm System: [ ] New or [ ] Existing

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Location of Panel: \_\_\_\_\_

Heating System: [ ] New or [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New or [ ] Existing

[ ] Other \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

#### Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW [ ] No Plans Required [ ] Alarm System [ ] Failure [ ] Initial

Joint Plan Review Required: [ ] Suppression Sys. [ ] Standpipe [ ] Fire Pump [ ] Pre-Eng. System [ ] Mechanical [ ] Smoke Control [ ] TCO [ ] Flam/Combust Tanks [ ] Fireplace Venting [ ] Final [ ] Other

[ ] Building [ ] Plumbing [ ] Electric [ ] Elevator [ ] Fire Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

SUBCODE APPROVAL [ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

INSPECTIONS \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

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. \_\_\_\_\_ Applicant's Signature/Contractor's Signature  
[ ] Certified Contractor [ ] Exempt Applicant

### D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_ NUMBER \_\_\_\_\_ FEE (Office Use Only) \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems [ ] System \_\_\_\_\_

[ ] 110v Interconnected \_\_\_\_\_

[ ] CO Detectors/110v \_\_\_\_\_

Alarm Devices (ie., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (ie., tampers, low/high air) \_\_\_\_\_

Signaling Devices (ie., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL \_\_\_\_\_

Suppression Systems \_\_\_\_\_

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

Pre-engineered Systems \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

FM200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

Other Systems \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Fired Appliances [ ] Gas or [ ] Oil \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

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





# 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. (\_\_\_\_\_) \_\_\_\_\_  
street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

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	Approval		
<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	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Insulation	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		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 \_\_\_\_\_

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

##### 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

##### FEE (Office Use Only)

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

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

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

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