



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

REASONS/CONDITIONS/REMARKS: _____

TYPE OF APPLICATION

RESIDENTIAL: ALTERATION: _____

ADDITION _____ NEW _____

SHED _____ DECK _____ POOL _____

FENCE _____ OTHER _____

COMMERCIAL, ETC. NEW _____

ALTERATION _____ ADDITION _____

CONSTRUCTION TRAILER NEW _____

OTHER _____

TEMPORARY EVENT: _____

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

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 obtain a tax release form from the Tax Dept.
2. 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.
3. You **will** need to submit two sets of plans with any structure.
4. You **will** need to put the type or style, size, height, and setbacks on the survey.
5. For setbacks please check with the Zoning Dept. at the telephone below.
6. 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 x178

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

_____, _____
