



# 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 \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ zip code \_\_\_\_\_  
 3. Ownership in Fee: \_\_\_\_\_  
 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: \_\_\_\_\_

**V. 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	\$ _____		

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories	_____	(office use only)
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 _____	

**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)

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

**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)**

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

**DO YOU WANT:**

1.  Partial Releases

2.  Prototype Processing

1.  Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2.  High Pressure Boilers

3.  Refrigeration Systems

4.  Cross-Connections/Backflow Preventers

5.  Hazardous Uses/Places of Assembly

6.  Smoke Control Systems in Open Wells

7.  Fire Alarm

8.  Undergroud Storage Tanks

9.  Swimming Pools, Spas and Hot Tubs

10.  \_\_\_\_\_

11.  \_\_\_\_\_

12.  \_\_\_\_\_

**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. F178 (rev. 01/04)

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

(see reverse side)

<b>PAYMENTS (Office Use Only)</b>	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



# PLUMBING 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 \_\_\_\_\_

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 \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building  Electric

Fire  Elevator

Slab \_\_\_\_\_

Rough \_\_\_\_\_

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

Sewer \_\_\_\_\_

Water \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Other \_\_\_\_\_

LP Gas Tank \_\_\_\_\_

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

Solar \_\_\_\_\_

TCO \_\_\_\_\_

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. \_\_\_\_\_ FIXTURE/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

\_\_\_\_\_ Greasetrapp

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

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

\_\_\_\_\_ Stacks

\_\_\_\_\_ Other

\_\_\_\_\_ Other

Date Received  
Control #

Date Issued  
Permit #

FEE (Office Use Only)

\$ \_\_\_\_\_

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### 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



# FIRE PROTECTION 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: \_\_\_\_\_ e-mail \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

Heating System:  New OR  Existing  HVAC Fire Suppression/Standpipe System: \_\_\_\_\_

Type:  Gas  Oil  Electric  Solar  New OR  Existing

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

No Plans Required \_\_\_\_\_ Alarm System \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_ Suppression Sys. \_\_\_\_\_

Building  Plumbing \_\_\_\_\_ Standpipe \_\_\_\_\_

Electric  Elevator \_\_\_\_\_ Fire Pump \_\_\_\_\_

Fire Plans Approved \_\_\_\_\_ Pre-Eng. System \_\_\_\_\_

Date: \_\_\_\_\_ Mechanical \_\_\_\_\_

Approved by: \_\_\_\_\_ Smoke Control \_\_\_\_\_

SUBCODE APPROVAL \_\_\_\_\_ TCO \_\_\_\_\_

CO  CCO  CA \_\_\_\_\_ Flam/Combust Tanks \_\_\_\_\_

Date: \_\_\_\_\_ Fireplace Venting \_\_\_\_\_

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

Other \_\_\_\_\_

### 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. \_\_\_\_\_

Certified Contractor Applicant's Signature/Contractor's Signature  
 Exempt Applicant

Date Received  
Control #

Date Issued  
Permit #

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

Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

NUMBER \_\_\_\_\_ FEE (Office Use Only) \_\_\_\_\_

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

Alarm Systems \_\_\_\_\_

System \_\_\_\_\_

110V Interconnected \_\_\_\_\_

CO Detectors/110V \_\_\_\_\_

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

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., 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 \$ \_\_\_\_\_