







# 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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## Gas Appliance and Water Piping Information

**When installing a gas appliance it shall  
NOT be placed in the vicinity of  
Electrical Panels and/or Electrical  
Service Equipment**

No gas or water piping is permitted to be installed below or above any Electrical Service Equipment and/or Electrical Panel as per the:

NEC 2017- Section:110.26

Please include gas schematic  
when running a gas line/piping



# CONSTRUCTION PERMIT

Date Issued  
Permit #

IDENTIFICATION Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lic. No. or Bidrs. R. g. No. \_\_\_\_\_  
 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)



# PLUMBING 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. ( ) \_\_\_\_\_ 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 \$ \_\_\_\_\_

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

NO. \_\_\_\_\_ FIXTURE/EQUIPMENT \_\_\_\_\_ FEE (Office Use Only) \$ \_\_\_\_\_

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 \_\_\_\_\_

Greasetrap \_\_\_\_\_

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

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

Stacks \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

| JOB SUMMARY (Office Use Only)              |                                   | INSPECTIONS                 |         | Dates (Month/Day) |       | Initial |
|--|-----------------------------------|-----------------------------|---------|-------------------|-------|---------|
| PLAN REVIEW                                | Type:                             | Failure                     | Failure | Approval          |       |         |
| <input type="checkbox"/> No Plans Required | Slab                              | _____                       | _____   | _____             | _____ | _____   |
| Joint Plan Review Required:                |                                   |                             |         |                   |       |         |
| <input type="checkbox"/> Building          | <input type="checkbox"/> Electric | _____                       | _____   | _____             | _____ | _____   |
| <input type="checkbox"/> Fire              | <input type="checkbox"/> Elevator | _____                       | _____   | _____             | _____ | _____   |
|  | Water                             | _____                       | _____   | _____             | _____ | _____   |
|  | Gas Equipment                     | _____                       | _____   | _____             | _____ | _____   |
|  | Other                             | _____                       | _____   | _____             | _____ | _____   |
| SUBCODE APPROVAL                           |                                   |                             |         |                   |       |         |
| <input type="checkbox"/> CO                | <input type="checkbox"/> CCO      | <input type="checkbox"/> CA |         |                   |       |         |
| Date: _____                                | Fuel Oil Piping                   | _____                       | _____   | _____             | _____ | _____   |
|  | Solar                             | _____                       | _____   | _____             | _____ | _____   |
| Approved by: _____                         | TCO                               | _____                       | _____   | _____             | _____ | _____   |

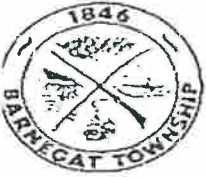
### C. CERTIFICATION IN LIEU OF OATH

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

|                            |                 |
|----------------------------|-----------------|
| Administrative Surcharge   | \$ _____        |
| Minimum Fee                | \$ _____        |
| State Permit Surcharge Fee | \$ _____        |
| <b>TOTAL FEE</b>           | <b>\$ _____</b> |



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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 \_\_\_\_\_

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!**