	BLOCK LOT	
	QUALIFICATION CODE	
V EFF SHMMARY If	ADDRESS (SITE)	

	X C I	SOUTH SOUTH CODE	(מור)	(L)	TENET NO.	,
		ידטווסדוס	NI DEDMIT	\.   ];   .	se only) Update	Update
				2. Electrical	GA	
UNIFORM CONSTRUCTION CODE	APPL	APPLICATION		<ol> <li>Plumbing</li> <li>Fire Protection</li> </ol>		
Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	, II, III (optional), IV,	VI, and VII		5. Elevator Devices 6. Subtotal		
1. Proposed Work Site at:					Review \$	
2. Name of Owner in Fee:				Subtotal     State Permit Surcharge Fee	φ 	
Tel.	e-n	e-mail			မေ	
Address						
3. Ownership in Fee: Public	Priv	municipality Private	zip code	13. TOTAL	69	
4. Principal Contractor:		Tel.		VI. BUILDING/SITE CHARACTERISTICS		(office use only)
Address		e-mail		Number of Stories		
				Height	# # P	20.00
License No. OR, if new home, Builder Reg. No.	Builder Reg. No.		Exp. Date	Area — Largest Floor      New Building Area	sq. ft.	
Home Improvement Contractor Registration No. or Exemption Reason	Registration No. or E	Exemption Reason		Volur	cu. ft.	
Federal Emp. ID No.		FAX:		6. Max. Live Load		
5. Architect or Engineer		Contact		7. Max. Occupancy Load	**	
Address		e-mail		If Indi	HUD	
Tel.		FAX:		Total	sq. ft.	
6. Responsible Person in Charge once Work has Begun	once Work has Begu			11. Base Flood Elevation	ŢĪ.	
i i		TAX.		12. Wetlands yes	no	
a. PROPOSED WORK		- 1	•		VII. DESCRIPTION OF BUILDING USE	USE
					A. RESIDENTIAL (primary use)	
☐ Repair		☐ Alteration	☐ Renovation	☐ Reconstruction	1. State Specific Use:	VIII 10 10 10 10 10 10 10 10 10 10 10 10 10
☐ Asbestos AbatSubch. 8	atSubch. 8	Lead Hazard Abatement	tement	liation   Annual Permit	2. Use Group, Proposed: Select Group	iroup
SURCODES		32	FOR OFFICE USE ONLY (Optional)		3. Change in Use Group, Indicate Present: Select Group	resent: Select Group
(Check all that apply)	Est. Cost Rec'd by	s Date Rejection by Rec'd Date	tion Approval Re- e Date viewer	Resubmission Dates Re- Approval Rejection viewer	4. No. of dwelling units: <u>Total Units Income-restricted</u> Gained, Sale	Income-restricted
Building					Gained, Rental	
☐ Electrical					Lost, Sale	
Plumbing			17.		B. NON-RESIDENTIAL (primary use)	9)
Fire Protection					1. State Specific Use:	
					3. Change in Use Group, Indicate Presen	Presen Select Group
- Elevator		-		-	C. MIXED USE -List secondary use(s):	)(s):
TOTAL COST	\$0				D. Construct. Classification: Present	14
III. PLAN REVIEW (optional)	IV. DOE	S OR WILL YOUR BUIL	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:	FOLLOWING?	Proposed	sed
DO YOU WANT:	1.0	Elevators/Escalators/Lifts/		9 @ ] []	Smoke Control Systems in Open Wells 12.1	12. ☐ Fire Alarm
	2.	High Pressure Boilers	1 0 0	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Swimming Pools, Spas and Hot Tubs	

#### **CERTIFICATION IN LIEU OF OATH**

OWNER SECTION (to be completed if the applicant is the owner in fee)

l he	ere	by c	certify that I am the owner in fee of the property listed on Page 1.
Ма	rk	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.
į	te.		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:  ( ) Building C.2. ( ) Fire Protection
			ner certify that I will perform the following work: ( ) 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.
and	l lo or t	cal o pe	pertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, prior approvals, including such certification as the construction official may require, have been given or will be given emit issuance.  and that if any of the above statements are willfully false, I am subject to punishment.
		ture	
_			ja – Taranta da Taranta
			NT SECTION (to be completed if the applicant is not the owner in fee)
			certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authone owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
and	l lo	cal	ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, prior approvals, including such certification as the construction official may require, have been given or will be given ermit issuance.
			advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation mply with all New Jersey tax laws.
l ur	nde	ersta	and that if any of the above statements are willfully false, I am subject to punishment.
(	)	Che	eck if contractor.
Age	ent	Na	me
Ado	dre	ss_	
_			
			e
Sig	na	ture	
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

## **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	ON Date Issued Permit #
THE HEAVE CASSING CHIEF PARTY	
IDENTIFICATION Block Lot Qualification Code  Work Site Location Contractor Contractor	on Code
Owner in Fee	
Tel. ()	
Is hereby granted permission to perform the following work: [ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT	PAYMENTS (Office Use Only) Building
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION	Electrical
DEVICES [ ]	Plumbing
(Subchapter 8 only)	Fire Protection
DESCRIPTION OF WORK:	Elevator Devices
	Other
	DCA State Permit Fee
	Cert. of Occupancy
NOTE: If construction does not commence within one (1) year of date of issuance, or	Other
if construction ceases for a period of six (b) months, this permit is void.	Total
EStimated Cost of Work &	Check No.
	CGSII
Constitution Constitution	Collected by

U.C.C. F176 (rev. 01/04) 1 WHITE\_INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

(see reverse side)





PLUMBING SUBCODE TECHNICAL SECTION

TECHNICAL SITE DATA (List of all fixtures.)

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Sink

Floor Drain Shower Lavatory Bath Tub Ice Maker Water Closet

**Drinking Fountain** Dishwasher

> Control # Date Received

Permit # Date Issued

A. IDENTIFICATIONAPPLICANT: COMPLETE ALL APPLICABLE INFORM  CONTRACTORS NOTIFY THIS OFFICE CALL LITTLITY DIG NO: 1-800-272-1000	COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING	RMATION.	WHEN CHAI	VGING		, .D
Block Lot	ot	Qualifica	Qualification Code			1 :
Vork Site Location						1 1
Owner in Fee:						1
Tel. ()	e-mail					1 1
Address street	municipality			zip code		ŀ
Contractor:		Tel.				1
Address		e-mail				-
Contractor License No.		Exp. Date	ate			
dome Improvement Contractor Registration No. or Exemption Reason (if applicable):	on No. or Exemption Reason (i	fapplicable	e):			1
ederal Emp. ID No.		FAX:				
Jse Group Present	Proposed	ă.				1
suilding Sewer Size	Public Sewer		Private Septic			
	Public Water	Pri	Private Well			
st. Cost of Plumbing Work \$						1 1
JOB SUMMARY (Office Use Only) PLAN REVIEW	INSPECTIONS		Dates (Month/Day)	nth/Day)	<u> </u>	I I
[ ] No Plans Required	Type:	9		7000		
ew Require	Rough					
[ ] Fire [ ] Elevator	Gas Piping Sewer					1 1
	Water					1
	Gas Equipment					
	Other					
SUBCODE APPROVAL	LPGas Tank					
[ ] CO [ ] CCO [ ] CA	Fuel Oil Piping					
	Solar					
Approved by:	TCO ———					

Sump Pump

Boiler

Gas Appliances

Fuel Oil Piping

Water Heater Hose Bibb Washing Machine

Gas Piping

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

C. CERTIFICATION IN LIEU OF OATH

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Other Other Stacks

State Permit Surcharge Fee

TOTAL FEE

Administrative Surcharge

Minimum Fee

Water Service Connection Sewer Connection **Greasetrap Backflow Preventer** Interceptor/Separator Sewer Pump



Barnegat Township Construction Office 900 West Bay Avenue, Barnegat, New Jersey 08005 Tel 609.698.0080 Fax 609.698.7446 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.

	RECEIFT AC	MYOWLEDGEMENT	
PROPERTY - BLOCK	LOT	DATE	<del></del> :
PROPERTY ADDRESS	5		
	TIFY, I have read the above and to on on this form is correct.	that all Debris will be removed	ŭ
lease check one:	I am the Property Owner	I am the Agent	
OWNER/AGENT NAM	ME (PRINT)		-
OTTO TED / A CENTER OF C	NIA TEID E		

THIS DOCUMENT MUST BE COMPLETED WITH EVERY ZONING and/or PERMIT!