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_ QUALIFICATION CODE _

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DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	III. PLAN REVIEW (optional)	TOTAL COST	☐ Elevator	☐ Fire Protection	Plumbing		☐ Electrical	☐ Building	(Check all that apply)		☐ Asbestos	☐ Repair	IIa.PROPOSED WORK			6. Responsible Person in Charge once Work has Begun	Tel.	Address	5. Architect or Engineer	Federal Emp. ID No.	Home Improvement Contractor Registration No. of Exemption Reason		License No. OR, if new home, Builder Rea, No.		Address	4. Principal Contractor:	3. Ownership in Fee: Public	Address	Tel.	2. Name of Owner in Fee:	Proposed Work Site at:	*:	UNIFORM CONNIKU			
		\$0							Est. Cost		Asbestos AbatSubch. 8		ork		'	ge once Work ha					tor Registration i	to Dociotostion	e. Builder Rea. N				C			1,425		Sections I, II, III (optional), IV, VI, and VII	CODE		С П	
1. Elevat Dumby 2. High P	IV. DOES OF								Plans Rec'd by						FAX.	ıs Begun	FAX:				vo. or exemp	lo or Evono	lo				Private		e-mail			al), IV, VI, an	AFFLICATION	<u> </u>	CONSTRUCTION PERMIT	
Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks High Pressure Boilers	WILL YOUR								Date Rec'd] Alteration	New Building		×			e-mail	Contact	FAX:	non Reason				e-1	- Te	municipality					d≤		1	RUCT	
s/Lifts/ 4. [g Walks 5. [ers 6. [BUILDING								Rejection Date	FOR OF	Lead Hazard Abatement		ing					naii	tact	×	0.		Exp. Date		e-mail	Tel.	1						Z	_	Ö N	
Refrigerat Cross-Cor Hazardou	CONTAIN AN								Approval Date	FOR OFFICE USE ONLY (Optional)	□ Rac	☐ Re	☐ Add									/1	Date				dip code								PERN	
Refrigeration Systems Cross Connections/Bar Hazardous Uses/Place	Y OF THE P								Re- viewer	ILY (Optional	Radon Remediation	Renovation	Addition														Gé								1	
8	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?								Resubmission Dates Re- Approval Rejection viewer)	ation Annual Permit	☐ Reconstruction	☐ Demolition	12. Wetlands yes		11 Base Flood Flevation	ם סום	-	8 If Industrialized Building:		No.		Now	> 100 G	Number of Stories Height of Structure	VI. BUILDING/SITE CHARACTERISTICS	1	12. Other		State Permit Surcharge Fee		6. Subtotal		2. Electrical	ш	
Smoke Control Systems in Open Wells 12. Fire Alarm Underground Storage Tanks Swimming Pools, Spas and Hot Tubs	Proposed	D. Construct. Classification: Present	3. Change in Use Group, Indicate Presen C. MIXED USE -List secondary use(s):	2. Use Group, Proposed: Select Group	1. State Specific Use:	B. NON-RESIDENTIAL (primary use)	Lost, Sale	Gained, Rental	4. No. of dwelling units: <u>Total Units Income-restricted</u> Gained, Sale	3. Change in Use Group, Indicate Present: Select Group	2. Use Group, Proposed: Select Group	1. State Specific Use:	A. RESIDENTIAL (primary use)	no				Olaice Sporosco	Chate Approved HID			22 34 5	\$0 #	SC III	#		\$		64		Review \$				Update	llndato
Alarm				Select Group				-	-restricted	Select Group)		-													(office use only)									Update	1245

CERTIFICATION IN LIEU OF OATH

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

I he	reb	оу с	ertify that I am the owner in fee of the property listed on Page 1.
Mar	k t	he 1	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.
В.	()	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
			her 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 prid	d lo	ocal to p	certify 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.
l u	nde	erst	and that if any of the above statements are willfully false, I am subject to punishment.
Sig	gna	atur	Date
11.	F	٩GE	NT SECTION (to be completed if the applicant is not the owner in fee)
i h	ere ed	eby by	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authothe owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
an	d l	oca	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, I prior approvals, including such certification as the construction official may require, have been given or will be given permit issuance.
l a an	gre d t	ee t	o advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation omply with all New Jersey tax laws.
iu	ınd	ers	tand that if any of the above statements are willfully false, I am subject to punishment.
()	Cł	neck if contractor.
Ad	ier	nt N	ame
Τe	elej	pho	ne
Si	gn	atu	re
111		()	LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.
В	,	,	N. HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Collected by	Construction Official Date
Total Check No.	If construction does not commence within the (1) year or based to see the second of six (6) months, this permit is void. Estimated Cost of Work \$
Cert_ of Occupancy	
Other DCA State Permit Fee	
Elevator Devices	DESCRIPTION OF WORK:
Fire Protection	-
Electrical	[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
Building	[]
PAYMENTS (Office Use Only)	Is hereby granted permission to perform the following work:
	Tel. ()
	Address Lic. No. or Bldrs. Reg. No.
	Owner in Fee
	Work Site Location Contractor Address
on Code	IDENTIFICATION Block Lot Cualification Code
	HAND CONSTRUCTION PERMIT
ON Date Issued Permit #	CONSTRUCTION

U.C.C. F176 (rev. 01/04) 1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

(see reverse side)





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

Permit # Date Issued Date Received Control #

NO.

TECHNICAL SECTION

A. IDENTIFICATION —APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Block
Owner in Fee:
Tel. () e-mail
Address street municipality zip code
Contractor: Tel. ()
Address e-mail
Contractor License NoExp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No. FAX: ()
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
e Public Sewer
Water Service Size Public Water Private Well Private Well
Est. Cost of Plumbing Work \$

Approved by:		[] CO	SUBCODE APPROVAL				[] Fire [] Elevator	r J Branc		Joint Plan Review Required:	[] No Plans Required	PLAN REVIEW	OB SUMMARY (Office Use Only)
ТСО	Solar	Fuel Oil Piping	LPGas Tank	Other	Gas Equipment	Water	Sewer	Gas Piping	Rough	Slab	Type:	INSPECTIONS	
											alia	Failuro	
												Failure	Dates (Month/Day)
											70	Approval	onth/Day)
												Initial	

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.

Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE	Other	Other	Stacks	Water Service Connection	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Sump Pump	Boiler	Gas Appliances	Gas Piping	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain Ploor Drain	Shower	Lavatory	Bath Tub	Ice Maker	Water Closet	FIXTURE/EQUIPMENT
																										\$	FEE (Office Use Only)



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.

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!