Tel	ress	5. Architect or Engineer Contact	Federal Emp. ID NoFAX:FAX:	Home Improvement Contractor Registration No. or Exemption Reason	License No. OR, if new home, Builder Reg. No Exp. Date		Cuicos G-IIaii		4. Principal Contractor:	3. Ownership in Fee: Public Private Private	Address	Tele-mail	2. Name of Owner in Fee:	1. IDENTIFICATION 1. Proposed Work Site at:	Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	ATTLICATION		CONSTRUCTION PERMIT	BLOCK LOT QUALIFICATION CODE ADDR
Flood Hazard Zone	o. If Industrialized Building: State Approved HUD 9. Total Land Area Disturbed sq. ft.	Max. Occupancy Load	6. Max. Live Load	5. Volume of New Structure cu. ft.	4. New Building Areasq. ft.	3. Area — Largest Floorsq. ft.	2. Height of Structureft.	Number of Stories	VI. BUILDING/SITE CHARACTERISTICS		12. Other		9. State Permit Surcharge Fee		5. Elevator Devices	Plumbing Fire Protection	, i,	V. FEE SUMMARY (for office use only) 1. Building \$ Update	ADDRESS (SITE) PERMIT NO
									(office use only)									ate Update	

DO YOU WANT: 1. □ Partial Releases 7 □ Protection	III. PLAN REVIEW (optional)	TOTAL COST	☐ Elevator	☐ Fire Protection	☐ Plumbing	☐ Electrical	☐ Building	(Check all that apply)		☐ Asbestos	☐ Repair	IIa.PROPOSED WORK	iei	6. Responsible Person in Charge once Work has Begun		Addiess	5. Architect or Engineer	rederal Emp. ID No.	Home improvement Contractor Registration No. or Exemption Reason	Likeling No. Or., II new Hollie, bullet Neg. No.	Times No OB Know how	Concess	Address	3	3 Ownership in Eas: Dublic	Address	6	2. Name of Owner in Fee:	I. IDENTIFICATION 1. Proposed Work Site at:	Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	USHURU CHANKE		
		\$0						Est. Cost	78	Asbestos AbatSubch. 8		ork		ge once Work ha					tor Registration	e, Ballael Neg.	DIdor Box				5.			s al		s I, II, III (option			11 3
1. ☐ Elevat Dumby 2. ☐ High F	IV. DOES OF							Plans Rec'd by						-	3	EA			No. or Exemp					- Hadio	Private	0	e-mail	18-		nal), IV, VI, ar	APPLICATION	CONGLICITON TEXMIN	TOIL
Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks High Pressure Bollers	WILL YOUR							Date Rec'd		☐ Lead Haza	☐ Alteration	☐ New Building	!	TAY.	?		Cor	1	tion Keason					7	municipality					IV PI	ATIO	700	ב כ
s/Lifts/ 4. [] g Walks 5. [] ers 6. []	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?							Rejection Date	FOR OF	Lead Hazard Abatement		ing				C-Han	Contact	TAX	ξ.	Ş				전							Z		2
- 1	CONTAIN AN							Approval Date	ICE U		□ Re	□ Ad								CXP. Date					zip code								סחס
Refrigeration Systems Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly	Y OF THE F							Re- viewer	ILY (Optional	Radon Remediation	☐ Renovation	Addition													ode .								1
s ackflow Previes of Asser	OLLOWIN							⊉)	ation 🗆			12. We		_	9. Tot			ຫຼຸດ ທູງ		3. Are		1 (S R	12. Ot	•		9. St.		-	3. Fire	2. Ek	V. FEE S
8. 🗆 renters 9. 🗆 mbly 10. 🗀	ଦ୍ର							Resubmission Dates proval Rejection		Annual Permit	Reconstruction	Demolition	Wetlands yes_	Base Flood Elevation	Flood Hazard Zone	Total Land Area Disturbed	If Industrialized Building: State Approved	Max Occupancy Load	Max Live Load	New Building Area	Area — Largest Floor	Height of Structure	Number of Stories	VI BIIII DING/SITE CHARACTERISTICS	Other TOTAL	Cert. of Occupancy	Subtotal	Subtotal State Permit Surcharge Fee	Less 20% for State Plan Review \$	Elevator Devices	Plumbing Fire Protection	Electrical	V. FEE SUMMARY (for office use only)
Smoke Co Undergrou Swimming	_		0					Re- viewer				A .	no	tion		sturbed	uilding: Stat	nad	ructure		loor			ARACTERIS		¥	9	harge Fee	e Plan Revi				office use
Smoke Control Systems in Open Wells 12.☐ Fire Alarm Underground Storage Tanks Swimming Pools, Spas and Hot Tubs	Proposed	D. Construct. Classification: Present	Change in Use Group, Indicate Presen MIXED USE -List secondary use(s):	Use Group, Proposed: Select Group Select	B. NON-RESIDENTIAL (primary use) 1. State Specific Use:	Lost, Rental	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		VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)	0	ft			te Approved HUD		cu: it	sq. it.	sq. ft.	f		STICS (office use only)	9		8	5	iew \$			6	only) Update Update

CERTIFICATION IN LIEU OF OATH 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.2. () Fire Protection C.1. () Building 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 pemit issuance. I understand that if any of the above statements are willfully false, I am subject to punishment. Date Signature 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.



IDENTIFICATION Block	Lot	Qualification	on Code
Work Site Location		Contractor	
		Address	
Owner in Fee			
Address		Tel. ()	
Tel. ()			
			*
Is hereby granted permission to perform the following work:			PAYMENTS (Office Use Only)
[] BUILDING [] PLUMBING	[] LE	AD HAZARD ABATEMENT	Building
[] ELECTRICAL [] FIRE PROTECTION	[] DE	EMOLITION	Electrical
[] ELEVATOR DEVICES [] ASBESTOS ABATEMEN	רס [] דא	THER	Plumbing
(Subchapter 8 only)			Fire Protection
DESCRIPTION OF WORK:			Elevator Devices
			Other
			DCA State Permit Fee
	000 Sec. 000		Cert. of Occupancy
NOTE: If construction does not commence within one (1) ye		f issuance, or	Other
if construction ceases for a period of six (6) months, this per Estimated Cost of Work \$			Total
Estimated Cost of Work \$			Check No.
			Cash
Construction Official	Date		Collected by
U.C.C. F170 (rev. 01/04)			(see reverse side)
1 WHITE-INSPECTOR 2 CANARY-	OFFICE	3 PINK-TAX ASSESSOR	4 GOLD-APPLICANT



Owner in Fee:

Work Site Location _

Lot _

Qualification Code

FIRE PROTECTION SUBCODE



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. **TECHNICAL SECTION**

Tel. ()	e-mail				
Address street	municipality			zip code	
Contractor:		Tel.			
Address		e-mail			
Fire Protection Equipment, NJ Div of Fire Safety Permit No.	Permit No.				
Fire Protection Equipment, NJ Div of Fire Safety Installer No.	Installer No.	T Date	th.		
Home Improvement Contractor Registration No or Exemption Reason (if applicable):	or Everntion Reaso	n dif annlin	ahla).		
Federal Emp. ID No.	FAX:	X: ()		
B. FIRE PROTECTION CHARACTERISTICS					
Use Group: Present Proposed	Fire Ala	ırm Systei	Fire Alarm System:[] New on [] Existing
Constr. Class: Present Proposed	Locatio	Location of Panel:			
Heating System:[] New OR [] Existing [] HVAC Fire St	ppression	Fire Suppression/Standpipe System:	System:	
Type: [] Gas [] Oil [] Electric [] Solar []New	OR []E] Existing	
Location:	Locati	on of Mair	Location of Main Control Valve:	ilve:	
Fuel Storage Tank:					
Fuel Type: [] Flammable on [] Combustible	tible Capacity	5			
Total Cost of Fire Protection Work \$					
JOB SUMMARY (Office Use Only)	INSPECTIONS		Dates (Month/Day)	ıth/Day)	
	Type:	Failure	Failure	Approval	Initial
No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
	Mechanical				
oved by:	Smoke Control				
PPROVAL	TCO				
[] co [] co [] cA	Flam/Combust Tanks				
	Fireplace Venting				
Approved by:	Final				
	Other				

Date Received Control #

Permit # Date Issued

C. CERTIFICATION IN LIEU OF OATH

S Indix on the	I hereby certify
ippiioanoi.	tify that I am t
Applicant's Signature/Contractor's Signature	l hereby certify that I am the (agent of) owner of record and am authorized to make this explication

Exempt Applicant

D. TECHNICAL SITE DATA [] Certified Contractor

	Administrative Surcharge \$	Administrat
		Other
		Fireplace Venting/Metal Chimney
		Fired Appliances [] Gas or [] Oil
		Smoke Control System
		Kitchen Hood Exhaust System
		Other States
		FM200 Suppression
		Foam Suppression
		CO ₂ Suppression
		Dry Chemical
		Wet Chemical
		Pre-engineered Systems
		Standpipes
		Sprinkler Heads (Dry and Wet)
		Pre-action Valves
		Dry Pipe/Alarm Valves
		Fire Pump GPM Type
		Suppression Systems
		TOTAL
		Other Devices
		Signaling Devices (i.e., horn/strobes, bells)
		Supervisory Devices (i.e., tampers, low/high air)
		water/flow)
		Alarm Devices (i.e., smoke, heat, pulls,
		[] 110v Interconnected
		[] System
		Alarm Systems
		Flammable/Combustible Tanks
FEE (Office Use Only)	NUMBER	
	ervision	Method of Alarm/Suppression System Supervision
		Water Supply Source
		DEGCENT TON OF WORK.
		プログラ ひこうせつと シロ どうひだ・

State Permit Surcharge Fee \$

TOTAL FEE \$

Minimum Fee \$



Work Site Location _

Lot _

Qualification Code

BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

				Signature	
Owner in Fee:	B 2:			D. TECHNICAL SITE DATA	
Address				DESCRIPTION OF WORK	X .
street	municipality		zip code		
Contractor:		Tel. (
Address		e-mail		1	
Contractor License No. or Builder Registration No.	No.	Exp. Date	ate		
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	lo. or Exemption R	eason (if applicable):			
Federal Emp. ID No.		FAX: (
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial	INSPECTIONS	Dates (M	Dates (Month/Day)		
Required	Type:	Failure Failure	Approval Initial		
[] All	Footing				
[] Footings/Foundations	Foundation			TYPE OF WORK:	FEE
[] Structural/Framework	Slab			[] New Building	S
[] Exterior	Frame			- [] Addition	15
	Parist Fra	Cilia		[] Rehabilitation	1
Solit Flan Review Required.	Daillei-Lice			[] Roofing	15
[] clec. [] riuiib. [] rile [] clevator	Einishes -Rase	aver		[] Siding	1.5
Date:	Finishes -Final			[] Fence	Height (exceeds 6')
Approved by:	Energy			[] Sign	Sq. Ft.
SUBCODE APPROVAL for CERTIFICATE	Mechanical			[] Pool	1
1 1 00 1 1 000 1 1 00	TCO			[] Retaining Wall	Sq. Ft.
Date:	Other			[] Asbestos Abatement Subchapter 8	nt Subchapter 8
Approved by:	Final			[] Lead Haz. Abatement NJAC 5:17	nt NJAC 5:17
, (P. 2.22 E.):	Barrier-Free			[] Radon Remediation	_
B. BUILDING CHARACTERISTICS				[] Other	
Use Group Present Proposed	Cor	Constr. Class Present	Proposed	[] Demolition	
No. of Stories	lf In	If Industrialized Building:			
Height of Structure	Ħ.	State Approved	HUB		Administrative Surcharge \$
Area — Largest Floor	sq. ft.	Est. Cost of Bldg. Work:	rk:		Minimum Fee \$
New Bidg. Area/All Floors	sq. ft.	1. New Bldg. \$_		1	State Permit Surcharge Fee \$
Volume of New Structure	cu. ft.	2. Rehabilitation \$_			TOTAL FEE \$
Max. Live Load		3. Total (1+ 2) \$			
Max. Occupancy Load			U.C.C. F110 (rev. 12/07)	1 White = Inspector Copy 3 Pink = Office Copy	2 Canary = Office Copy4 Gold = Applicant Copy

Date Received
Control #

Date Issued Permit #

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.

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☴	ı
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Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$] Demolition] Radon Remediation] Lead Haz. Abatement NJAC 5:17] Asbestos Abatement Subchapter 8] Retaining WallSq. Ft.] Pool] SignSq. Ft.] Fence Height (exceeds 6')] Siding] Roofing] Rehabilitation] Addition] New Building	TYPE OF WORK:
		277777											()	FEE (Office Use Only)



Date Received Control

Permit # Date Issued

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-2/2-1000	NO: 1-800-2/2-1000.
BlockLot	Qualification Code
Work Site Location	
Owner in Fee:	
Tel. (e-mail	
Contractor: street municipality	Tel. ()
Address	e-mail
Contractor License No.	Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	Reason (if applicable):
Federal Emp. ID No.	FAX: ()
B. ELECTRICAL CHARACTERISTICS	
Use Group Present	Proposed
[] Temporary	[] Other
Building Occupied as Utility Co.	Co

Site Location			
	Applicant's Signat	Applicant's Signature/Contractor's Seal and Signature	
er in Fee:	[] Licensed Elec.	[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Cont'r [] Exempt Applicant	n Cont'r [] Exempt Applicant
e-mail	D. TECHNICAL SITE DATA	SITE DATA	
	QTY. SIZE	ITEMS	FEE (Office Use Only)
street municipality zip code		Lighting Fixtures	
ractor:Tel. ()		Receptacles	
ess e-mail		Switches	
ractor License No.		Detectors	
		Light Poles	
e Improvement Contractor Registration No. or Exemption Reason (if applicable):		Motors—Fract. HP	
rral Emp. ID No FAX: ()		Emergency & Exit Lights	
ECTRICAL CHARACTERISTICS		Communications Points	
Group Present Proposed		Alarm Devices/F.A.C. Panel	
Pole/Pad # [] Temporary [] Other			
ng Occupied as Utility Co.		TOTAL NUMBERS	64
TX SS		Pool Permit/with UW Lights	
		District Doolland Lot Tub	

[] No Plans Required Approved by: 00 [SUBCODE APPROVAL Approved by: Joint Plan Review Required: PLAN REVIEW JOB SUMMARY (Office Use Only)] Building [] Plumbing] Elec. Plans Approved Fire 000 [] Elevator Date Initial [] CA Type: Date of Grounding and Bonding Annual Pool Inspection Final Cut-in-Card Date Issued Other TCO Trench Rough Temp. Cut-in-Card Date Issued Service Constr. Serv. Temp. Serv. INSPECTIONS Barrier-Free Barrier-Free Failure Dates (Mc Failure

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

U.C.C. F120 (rev. 12/05) Internet version

C. CERTIFICATION IN LIEU OF OATH

 application and perform the work listed on this application. I hereby certify that I am the (agent of) owner of record and am authorized to make this

69 69 6	State Permit Surcharge Fee			de one	ce, please provide one
	Administrative Surcharge				
	KW Elec. Sign/Outline Light				
	AMP Motor Control Center				
	AMP Subpanels				
	AMP Service				
	KW Transformer/Generator				
	HP Motors 1/+ HP				
	KW Baseboard Heat				
	HP/KW Space Heater/Air Handler				
	KW Central A/C Unit			A. A	
	HP Garbage Disposal				
	KW Dishwasher				
	KW Elec. Dryer/Receptacle			Initial	Approval
Transport of the last of the l	KW Elec. Water Heater				ntn/Day)
	KW Oven/Surface Unit				; ;
	KW Elec. Range/Receptacle				
	Storable Pool/Spa/Hot Tub				
	Pool Permit/with UW Lights				
69	TOTAL NUMBERS				
	Alarm Devices/F.A.C. Panel				
	Communications Points				
	Emergency & Exit Lights				
	Motors—Fract. HP				
	Light Poles				
	Detectors				
	Switches				
	Receptacles				
	Lighting Fixtures				zip code
FEE (Office Use Only)	ITEMS	SIZE	QTY		
	E DATA	D TECHNICAL SITE DATA	D TECH		



Owner in Fee:

Work Site Location

Lot

Qualification Code

PLUMBING SUBCODE



CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. A. IDENTIFICATION—APPLICANT: TECHNICAL SECTION COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

)	
	Secretary Control
1	NEW YORK
	242 1
1	B333
	The second second

Building Sewer Size Use Group **B. PLUMBING CHARACTERISTICS** Tel. (_ Est. Cost of Plumbing Work \$ Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Water Service Size Federal Emp. ID No. Contractor License No. Contractor: Address Date: [] No Plans Required JOB SUMMARY (Office Use Only) Approved by: 00 SUBCODE APPROVAL Joint Plan Review Required: PLAN REVIEW Building Fire 000 Present street [] Elevator [] Electric CA Public Water Public Sewer Type: INSPECTIONS Other Rough Slab Solar e-mail Gas Equipment Water Sewer **Gas Piping** Fuel Oil Piping TCO LPGas Tank municipality Proposed e-mail Failure FAX: (Exp. Date Tel. Private Well Private Septic Failure Dates (Month/Day) Approval zip code

Initial

C. CERTIFICATION IN LIEU OF OATH

to make this application and perform the work listed on this application. I hereby certify that I am the (agent of) owner of record and am authorized

Control # Date Received

Date Issued

															-												NO.	D. TECHNIC
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	Shower	Lavatory	Bath Tub	Ice Maker	Water Closet	FIXTURE/EQUIPMENT	D. TECHNICAL SITE DATA (List of all fixtures.)
																										\$	FEE (Office Use Only)	



Block

Lot -

Qualification Code

MECHANICAL INSPECTION



Permit # Date Issued Control # Date Received

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. TECHNICAL SECTION

Work Site Location			
Owner in Fee:			
Tel e-mail			
Address	D. TECHNICAL SITE DATA	SITEDAIA	
Street nuncipality zip code Contractor: Tel	DESCRIPTION OF WORK	N OF WORK	
Address e-mail			***************************************
Contractor License No. Exp. Date			
Home Improvement Contractor Registration No. or Exemption Reason			-
Federal Emp. ID No FAX: FAX:			
B. MECHANICAL CHARACTERISTICS			
Use Group Present: R-5			
Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement	- Indiana - Indi		
Type: [] Hydronic [] Hot Air	Š	FIXTURE/FOLUPMENT	FFF (Office Use Only)
Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other		Water Heater	\$
Estimated Cost of Mechanical Work \$		Fuel Oil Piping Connections	
JOB SUMMARY (Office Use Only)		Gas Piping Connections	
PLAN REVIEW INSPECTIONS DATES		Steam Boiler	
Type: Failure Failure Approval Initial		Hot Water Boiler	
[] Mechanical Plans Approved Gas Piping		Hot Air Furnace	
Date:Approved by: Appliance		Oil Tank	
Joint Plan Review Required: Chimney/Vent		LPG Tank	
[] Bldg. [] Elec. [] Plumb. [] Fire. Oil Piping		Fireplace	
Oil Tank Oil Tank		Generator	
SUBCOUE AFFROVAL for FERMIT LPG Tank			
Hydronic Piping		Administrative Surcharge \$	charge \$
Approved by: Fireplace		Minimu	Minimum Fee \$
SUBCODE APPPROVAL for CERTIFICATE Chimney Cert		State Permit Surcharge Fee \$	e Fee \$
		TOTAL FEE	FEE S
Approved by:			
700000000000000000000000000000000000000			



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK LOT	_ QUALIFICATION CODE	PERMIT #
WORK SITE ADDRESS		
Owner in Fee		
Verifying Individual	Company	
Address		
Street	City	State Zip Code
Tel: ()	Fax: ()	
Check the Appropriate Box(es):	Existing Vent/Chimney: Size	
Type of Replacement:		
Oil to Gas Conversion Gas to Oil Conversion		Chimney-Interior
Gas Appliance Replacement		Chimney-Exterior Masonry Chimney-Tile Lined
Oil to Oil Replacement	Power Vent/Exhauster	Masonry Chimney-Unlined
[] Other) Other
Туре	Fuel Type	BTU Rating (input/hour)
	Oil / Gas / Other:	
	Oil / Gas / Other:	
Appliance 3:	Oil / Gas / Other:	
	CHIMNEY LINER	
	ed, all documentation on the liner must acco	
Manufacturer:	Model:	
Material of Liner: Stainless Steel_		
Size of Appliance Vent:	Size of Liner: l	Height of Chimney:
Length of Connector:	Vent Connector Rise:	
How does the appliance vent?	[] Natural Draft [] Fan-assisted	[] Other:
PLEASE SIGN C	NE OF THE FOLLOWING VERIFICATION	STATEMENTS
For Oil or Coal to Gas Conversion	s:	
I have verified that the chimney/vent from its previous use serving an oil o sized for the appliance(s) being insta	t is in good repair and clear of obstruction a or coal appliance. I have verified that the chir alled.	and is substantially clean of residue nney/vent is appropriately lined and
	Signature	Date
Oil to Oil or Gas to Gas Replacem	ents or New/Additional Appliances:	
I have verified that the existing chimned the chimney/vent is appropriately lined a	ney/vent is in good repair and clear of obstruct and sized for the appliance(s) being installed	ction. I have verified that the existing I and/or remaining.
Direct Vent Appliance:	Signature	Date
I hereby verify that the appliance(s) to vent is appropriately lined and sized	peing installed is a direct vent appliance. I fur I for any remaining appliances.	ther verify that the existing chimney/
Verification Not Submitted:	Signature	Date
I choose not to submit verification. I reinstall the chimney vent connector	understand that I will be required to be pres	ent for the inspection to remove and
	Signature	Date
	WORK, THIS FORM MUST BE PROVIDE HIS FORM MUST BE PRESENTED TO THI	

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.



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 A	ACKNOWLEDGEMENT
PROPERTY - BLOCK _	LOT	DATE
PROPERTY ADDRESS		
	FY, I have read the above an on this form is correct.	d that all Debris will be removed
Please check one:	I am the Property Owner	I am the Agent
OWNER/AGENT NAM	E (PRINT)	
OWNER/AGENT SIGN	ATURE	

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



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

ZONING PERMIT APPLICATION

BLOCK: LOT:		
		PERMIT #
Property Location/Work Site		FEE \$
Owner of Record		CASH CHECK
Mailing Address (if different)		DATE
Phone: () () work	rk	ZONE
Name of Applicant, Contractor or Person Res		
Address of Applicant – If other than the Hom	()eowner	DAYTIME PHONE
AUTHORIZATION: (If anyone other than above	ve owner is making this appli	ication, the following authorization must be executed)
TO THE APPROVING LAND USE/ZONING	OFFICIAL OF THE TOV	VNSHIP OF BARNEGAT:
NAME OF DESIGNEE	IS HEREBY AUTHOR	RIZED TO MAKE THE WITHIN APPLICATION.
DATE:	SIGNATURE OF O	WNER:
DESCRIPTION OF WORK AND/OR USE:		
		TYPE OF APPLICATION
		RESIDENTIAL: ALTERATION:ADDITIONNEWSHEDDECKPOOL
APPLICANT'S SIGNATURE (REQUIRED)	DATE	FENCE OTHER COMMERCIAL, ETC. NEW ALTERATION ADDITION CONSTRUCTION TRAILER NEW
PERMIT APPROVED		OTHER TEMPORARY EVENT:
DATE	SIGNATURE	
*PERMIT DENIED		** LOCATION SURVEY REQUIRED MUST MEET THE REQUIRED
DATE	SIGNATURE	MINIMUM SETBACKS AS SUBMITTED
REASONS/CONDITIONS/REMARKS:		

DENIED ____

REGRADING and/or RETAINING WALL CERTIFICATION

submit to a pr	llowing <u>NOTARIZED</u> certification by the <u>OWNER</u> of the property listed below must be ted prior to any C.O. or C.A. being issued for any retaining wall installation or other changes eviously approved lot grading.
	E OF NEW JERSEY ITY OF OCEAN
I,	, of full age, hereby attest and certify:
PROP:	ERTY OWNER
 2. 3. 4. 	That I am the owner of the property known as Block Lot located at Barnegat, New Jersey. 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 viewand 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. 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, 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 ato and subscribed before me day of