

## Building a New Home

When you are building a new home in Barnegat Township, prior to handing in your permit application you will need to do the following:

1. Complete a Zoning Application (Zoning Application, Grading Certification)
2. Submit 3 original Plot Plans
3. Submit \$100.00 Check for Zoning
4. Complete an Engineering Application and follow their requirements as well
5. Submit a \$600.00 Engineering Fee
6. Check with Christine in Finance for Developmental Fees – 609-698-0080 x163
7. Pay any water or sewer connection and/or water meter fees with the tax office 609-698-0080 x143
8. Pay any property taxes with the tax office 609-698-0080 x143
9. Include 2 sets of plans
10. If there is a well or septic please have approval from Ocean County Board of Health PO Box 2191 Toms River, NJ 08754 (732)341-9700
11. Please have a letter from Ocean County Soils that you submitted your application 714 Lacey Road Forked River, NJ 08731 Tel# (609)971-7002 Fax# (609)971-3391
12. If your property is West of the Parkway you will need to submit a Pinelands Application along with a plot plan (no larger than legal size) Pinelands Commission PO Box 7 Lisbon, NJ 08064 Tel# (609-894-7300 Fax# (609)894-7331
13. If your property is in a flood zone you will need to complete a FEMA Permit Package (found online at [www.barnegat.net](http://www.barnegat.net) ) under forms
14. Check with the Construction Official on whether you will need CAFRA, DEP, PERMIT BY RULE, Elevation certificate etc. (609)698-0080 x151
15. If your property is in a flood zone you will need JCP&L Pre-Approval
16. Complete a Debris Form
17. Complete a Small Construction Permit Form and Permit Jacket (Inside and Out)
18. Complete a Building Subcode Form include height, Sq Ft of Area, Volume in Cubic Ft
19. Complete an Electrical Subcode Form (must have Electrical Layout and Total Load Calculations
20. Complete Fire Subcode Form
21. Complete a Plumbing Subcode Form for plumbing and include
  - a. Drainage, waste venting
  - b. Water distribution
  - c. Gas Piping-Capped connections include BTU Value,Sizing,termination location dev.length
  - d. Storm Drainage – Not applicable unless roof drains are being installed on landings or roof deck.
  - e. Product Specs from Manufacturer (Equipment) Gas Fired appliances Fireplaces, Water Heater, etc.
22. Complete another Plumbing Subcode for HVAC and include
  - a. Manual J or approved equal
  - b. Plans examiner review form or Manual S
  - c. Duct/CFM design Rates
  - d. Gas Piping
  - e. Product Specs from Manufacturer for Furnace and air conditioner.



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)

Block \_\_\_\_\_ Lot \_\_\_\_\_ Address \_\_\_\_\_

### Building Permit Checklist

- 1) Engineering \_\_\_\_\_
- 2) Survey \_\_\_\_\_
- 3) 2 sets of plans \_\_\_\_\_
- 4) Tax release \_\_\_\_\_
- 5) Zoning \_\_\_\_\_
- 6) O C health dept \_\_\_\_\_
- 7) O C soils \_\_\_\_\_
- 8) Developmental Fees \_\_\_\_\_
- 9) Pinelands \_\_\_\_\_
- 10) CAFRA \_\_\_\_\_
- 10) DEP \_\_\_\_\_ (permitbyrule) \_\_\_\_\_
- 11) All technical subcodes -- B \_\_\_\_\_, P \_\_\_\_\_, E \_\_\_\_\_, F \_\_\_\_\_
- 12) Debris \_\_\_\_\_
- 13) Elev cert \_\_\_\_\_
- 14) Finance - bonding \_\_\_\_\_ escrow \_\_\_\_\_
- 15) JCP&L Pre-Approval (Homes in the Flood Zone) \_\_\_\_\_

### Certificate of Occupancy Checklist

1. Application for CO \_\_\_\_\_
2. All Technical subcode approvals – B \_\_\_\_\_, E \_\_\_\_\_, F \_\_\_\_\_, P \_\_\_\_\_
3. Framing Checklist-Insulation Checklist-Duct Leakage Test \_\_\_\_\_
4. Plan/zoning \_\_\_\_\_
5. OC soils \_\_\_\_\_
6. MUA \_\_\_\_\_
7. Developmental Fees \_\_\_\_\_
8. As Built survey \_\_\_\_\_
9. Pinelands \_\_\_\_\_
10. Taxes \_\_\_\_\_
11. Finance/bonding: Escrows \_\_\_\_\_ Clerk \_\_\_\_\_ Finance \_\_\_\_\_
12. HOW \_\_\_\_\_ Effective date \_\_\_\_\_
13. Engineering \_\_\_\_\_ W/S \_\_\_\_\_
14. Foundation Location \_\_\_\_\_
15. Ocean County Health \_\_\_\_\_
16. Cafra Letter/Approval \_\_\_\_\_
17. Elevation Certificate \_\_\_\_\_
18. Debris Form \_\_\_\_\_



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

**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)

- ☐ Building  
☐ Electrical  
☐ Plumbing  
☐ Fire Protection  
☐ Elevator

TOTAL COST

\$0

**FOR OFFICE USE ONLY (Optional)**

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Approval	Rejection	Re-viewer

**III. PLAN REVIEW (optional)****DO YOU WANT:**

1. ☐ Partial Releases  
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ 4. ☐ Refrigeration Systems  
2. ☐ Dumbwaiters/Moving Walks 5. ☐ Cross-Connections/Backflow Preventers  
3. ☐ High Pressure Boilers 6. ☐ Hazardous Uses/Places of Assembly  
7. ☐ Pressure Vessels 8. ☐ Smoke Control Systems in Open Wells  
9. ☐ Swimming Pools, Spas and Hot Tubs  
10. ☐ LP Gas Tanks 11. ☐ Fire Alarm

**V. FEE SUMMARY (for office use only)**

	Update	Update
1. Building	\$	
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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

## 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.



# CONSTRUCTION PERMIT

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

IDENTIFICATION Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_  
Address \_\_\_\_\_Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> PLUMBING           | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL       | <input type="checkbox"/> FIRE PROTECTION    | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> 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 \_\_\_\_\_

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)



BUILDING SUBCODE  
TECHNICAL SECTION



Late 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 \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

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

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

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

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
<input type="checkbox"/> No Plans Required			Footings				
<input type="checkbox"/> All			Footings/Bonding				
<input type="checkbox"/> Footings/Foundations			Foundation				
<input type="checkbox"/> Structural/Framework			Slab				
<input type="checkbox"/> Exterior			Frame				
<input type="checkbox"/> Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure		ft.	State Approved		HUD
Area — Largest Floor		sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors		sq. ft.	1. New Bldg.	\$	
Volume of New Structure		cu. ft.	2. Rehabilitation	\$	
Max. Live Load			3. Total (1+ 2)	\$	
Max. Occupancy Load					

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.

Signature \_\_\_\_\_

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

<input type="checkbox"/> New Building		FEE (Office Use Only)	\$
<input type="checkbox"/> Addition			
<input type="checkbox"/> Rehabilitation			
<input type="checkbox"/> Roofing			
<input type="checkbox"/> Siding			
<input type="checkbox"/> Fence _____	Height (exceeds 6')		
<input type="checkbox"/> Sign _____	Sq. Ft.		
<input type="checkbox"/> Pool			
<input type="checkbox"/> Retaining Wall _____	Sq. Ft.		
<input type="checkbox"/> Asbestos Abatement Subchapter 8			
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			
<input type="checkbox"/> Radon Remediation			
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Demolition			

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$





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: \_\_\_\_\_

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

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fire Alarm System: [ ] New or [ ] Existing

Constr. 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: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

Fuel Storage Tank: \_\_\_\_\_

Fuel Type: [ ] Flammable or [ ] Combustible Capacity \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

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. \_\_\_\_\_ Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

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



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 \_\_\_\_\_ Tel. ( ) \_\_\_\_\_ zip code \_\_\_\_\_  
C ontractor: \_\_\_\_\_ 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  
Type: Slab \_\_\_\_\_ Rough \_\_\_\_\_ Gas Piping \_\_\_\_\_ Sewer \_\_\_\_\_  
Water \_\_\_\_\_ Gas Equipment \_\_\_\_\_ Other \_\_\_\_\_  
SUBCODE APPROVAL  
☐ CO ☐ CCO ☐ CA  
Date: \_\_\_\_\_  
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

D. TECHNICAL SITE DATA (List of all fixtures,)  
NO. \_\_\_\_\_

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	_____
_____	Greasestap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

Date Received  
Control #  
Date Issued  
Permit #





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

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

INSPECTIONS

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Slab \_\_\_\_\_

Rough \_\_\_\_\_

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

Sewer \_\_\_\_\_

Water \_\_\_\_\_

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

Other \_\_\_\_\_

LPGas Tank \_\_\_\_\_

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

Solar \_\_\_\_\_

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

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

\_\_\_\_\_ Greasetrap

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

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

\_\_\_\_\_ Stacks \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

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

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_



# ELECTRICAL 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 \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ 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. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required					
<input type="checkbox"/> Partial -Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
<input type="checkbox"/> Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: _____		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: _____		Barrier-Free			
Approved by: _____					
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-In-Card Date Issued			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-In-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
CERTIFICATION IN LIEU OF OATH		Certification			

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 Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge \$	
		Minimum Fee \$	
		State Permit Surcharge Fee \$	
		TOTAL FEE \$	

Date Received  
Control #  
Date Issued  
Permit #

-COMMUNITY DEVELOPMENT DEPARTMENT-

TOWNSHIP OF BARNEGAT  
900 WEST BAY AVE  
BARNEGAT, NJ 08005  
PH (609) 698.0080 FAX (609) 698.7446

PINELANDS PERMIT APPLICATION

PINELANDS APPLICATION NUMBER# \_\_\_\_\_ DATE \_\_\_\_\_  
(FOR OFFICE USE ONLY)

APPLICANT TO COMPLETE THIS FORM  
PLEASE PRINT CLEARLY OR TYPE IN INFORMATION

BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_ SECTION \_\_\_\_\_

PROPERTY LOCATION/WORK SITE \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE \_\_\_\_\_  
MAIN OFFICE LOCAL SITE PHONE NUMBER

PROJECT IS SERVICED BY:

\_\_\_\_\_ SEWER \_\_\_\_\_ WATER \_\_\_\_\_ SEPTIC \_\_\_\_\_ WELL

\_\_\_\_\_ PROTOTYPE \_\_\_\_\_ NON PROTOTYPE

**TO BE COMPLETED BY PINELANDS**

\_\_\_\_\_ CAN ISSUE

\_\_\_\_\_ DO NOT ISSUE

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

BARNEGAT TOWNSHIP FAX 609 698.7446 If you experience any difficulties, please call this office at  
(609) 698.0080 x 150,153 or 114

# Zoning Permit Packages

Please read ALL the enclosed documents!

Please do NOT ASSUME that the forms do not apply to you. Every form MUST be filled out.

Items that you will need to submit along with these forms:

1. A full size copy of your property survey, and on that survey you must highlight where you are placing the shed, fence, deck, patio or generator.
2. If your project requires plans, please submit 2 copies.
3. Where it asks for a description of work, please make sure to include the type, size, style, height, etc.
4. You will need to put setbacks with arrows showing how far away in feet -from the edge of your (shed,deck,patio) to your property lines.
5. If you have a Homeowner's Association – you will need a letter from them stating they have approved your project.
6. The Homeowner must sign and date the Zoning Permit Application.
7. The Homeowner must sign the Regrading/Retaining Wall Certification and have it notarized.
8. If you need assistance with setbacks please check with the Zoning Department (609) 698-0080 x159
9. It is important to check with office staff to ensure you have everything that is needed to submit your application.

New Single Family - \$50.00 Zoning Fee upon Submittal





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

## ZONING PERMIT APPLICATION

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

Property Location/Work Site \_\_\_\_\_

Owner of Record \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home work

PERMIT # \_\_\_\_\_

FEE \$ \_\_\_\_\_

CASH \_\_\_\_\_ CHECK \_\_\_\_\_

DATE \_\_\_\_\_

ZONE \_\_\_\_\_

Name of Applicant, Contractor or Person Responsible for work – If other than the homeowner \_\_\_\_\_

Address of Applicant – If other than the Homeowner \_\_\_\_\_ ( ) \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

AUTHORIZATION: (If anyone other than above owner is making this application, the following authorization must be executed)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOWNSHIP OF BARNEGAT:

\_\_\_\_\_ IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION.  
NAME OF DESIGNEE \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF OWNER: \_\_\_\_\_

DESCRIPTION OF WORK AND/OR USE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT APPROVED \_\_\_\_\_  
DATE SIGNATURE

\*PERMIT DENIED \_\_\_\_\_  
DATE SIGNATURE

### TYPE OF APPLICATION

**RESIDENTIAL:** ALTERATION: \_\_\_\_\_  
ADDITION \_\_\_\_\_ NEW \_\_\_\_\_  
SHED \_\_\_\_\_ DECK \_\_\_\_\_ POOL \_\_\_\_\_  
FENCE \_\_\_\_\_ OTHER \_\_\_\_\_  
**COMMERCIAL, ETC.** NEW \_\_\_\_\_  
ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_  
CONSTRUCTION TRAILER NEW \_\_\_\_\_  
OTHER \_\_\_\_\_  
**TEMPORARY EVENT:** \_\_\_\_\_

**\*\* LOCATION SURVEY REQUIRED  
MUST MEET THE REQUIRED  
MINIMUM SETBACKS AS SUBMITTED**

REASONS/CONDITIONS/REMARKS: \_\_\_\_\_

DENIED \_\_\_\_\_

## REGRAIDING and/or RETAINING WALL CERTIFICATION

The following **NOTARIZED** certification by the **OWNER** of the property listed below must be submitted prior to any C.O. or C.A. being issued for any retaining wall installation or other changes to a previously approved lot grading.

STATE OF NEW JERSEY  
COUNTY OF OCEAN

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I, \_\_\_\_\_, of full age, hereby attest and certify:

### PROPERTY OWNER

1. That I am the owner of the property known as Block \_\_\_\_\_ Lot \_\_\_\_\_ located at \_\_\_\_\_ Barnegat, New Jersey.
2. 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 view and 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.
3. 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,
4. 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

Sworn to and subscribed before me  
This \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_



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!**



Barnegat Township

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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## ENGINEERING PLOT PLAN

### PERMIT APPLICATION FOR NSFD and SWIMMING POOL

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

HOMEOWNERS NAME: \_\_\_\_\_

HOMEOWNERS TEL# \_\_\_\_\_

HOMEOWNERS EMAIL: \_\_\_\_\_

HOMEOWNERS SIGNATURE: \_\_\_\_\_

TOWNSHIP ENGINEERING FEE

PERMIT # \_\_\_\_\_

FEE \$ 600.00

RE-REVIEW FEE \$50.00

CASH \_\_\_\_\_ CHECK \_\_\_\_\_

DATE \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_

CONTRACTORS ADDRESS: \_\_\_\_\_

CONTRACTORS TEL#: \_\_\_\_\_

CONTRACTORS EMAIL: \_\_\_\_\_

CONTRACTORS SIGNATURE: \_\_\_\_\_

DESCRIPTION OF WORK:

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NOTE: PLEASE CONTACT TOWNSHIP ENGINEER. KURT OTTO (609)698-0080  
X148

KOTTO@BARNEGAT.NET PRIOR TO BEGINNING WORK.





# 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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### Engineering Plot Plan Permit Application

For: NSFD and ALL Swimming Pools (circle one)

The following items must be submitted to obtain a permit:

1. Plot Plan prepared by New Jersey Licensed Engineer, based upon accurate survey (2 originals with NJPE seal)
2. Completed Engineering Plot Plan Checklist (1original and 1 copy)
3. D.E.P / Pinelands Approval if Applicable
4. Completed Plot Plan permit Application (1 original, 1 copy).
5. Permit fee of \$600.00 payable to Barnegat Township (Only for Plot Plan/Foundation Location/As-Built Plan Review.

\*\*\*\*NOTE\*\*\*\*

Please contact Kurt Otto, Township Engineer by phone (609) 698-0080

x 148 or by email [kotto@barnegat.net](mailto:kotto@barnegat.net) before work is started.

# ENGINEERING PLOT PLAN AND GRADING PLAN

Block \_\_\_\_\_ Lot \_\_\_\_\_ Date Received \_\_\_\_\_

Property Address \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Address \_\_\_\_\_

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor Address \_\_\_\_\_

Type of Work \_\_\_\_\_ Zoning Approval \_\_\_\_\_

Flood Zone \_\_\_\_\_ Flood Elevation \_\_\_\_\_

Panel # \_\_\_\_\_ Map# \_\_\_\_\_ Date \_\_\_\_\_

Planning Board/Board of Adjustment Approval YES \_\_\_\_\_ NO \_\_\_\_\_

	The following is for Office Use ONLY!	YES	NO	N/A
1	Plans/details signed and sealed			
2	Scale not less than 1" = 50"			
3	Existing Elevations (NGVD IN FLOOD ZONE)			
4	Property Lines, Corners, Bearings and Distances			
5	Street, Gutter, Curb and Center Line Elevations			
6	Contours 1" Increments			
7	Adjacent Dwelling Corners and Corner Elevations			
8	Proposed Grading and Elevations			
9	Garage Floor/Crawl Space/Basement Elevation			
10	Proposed Dwelling Dimensions and Corner Elevations			
11	Method of Drainage			
12	North Arrow			
13	Driveway Width and Type			
14	Dimensions/Acreage of Parcel/Setback Lines			
15	Property Address/Block and Lot Number			
16	Sidewalk/Curb and Aprons			
17	Parking Areas			
18	Utility and Connections: Water, Sewer, Gas, Electric			
19	Plantings, Seedlings, Screenings, Fences and Signs			
20	Street Width, Street Name, Right of Way Width			
21	Limit of Clearing			
22	Basement/Dedications/Environmental Constraints			
23	Prior Approvals: Army Corp/NJ DEP/Soil Erosion Etc.			
24	Existing Structures			
25	Retaining Wall/Service Walks, other Misc. Items			

**PLOT PLAN REVIEW:** Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**REVISION:** Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# As-Built Survey REQUIRED AT FINAL!

One for the TOWNSHIP  
ENGINEER and one for  
the Building Dept.

Date\_\_\_\_\_

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Signature of Homeowner



# 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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### Engineering Plot Plan Permit Application

For: NSFD \_\_\_\_\_ and ALL Swimming Pools \_\_\_\_\_ (Check One)

In accordance with Ordinances 2019-14 and 2020-13; Application Fee - \$600.00

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Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone# \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Design Engineer \_\_\_\_\_ Tel. # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Contractor's License # \_\_\_\_\_

Description of Work \_\_\_\_\_

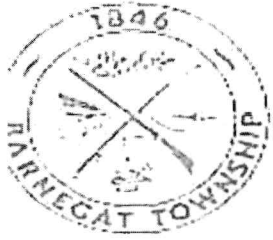
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Reviewed By: \_\_\_\_\_

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

Approved Design Attached \_\_\_\_\_





# 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)

NEW SINGLE FAMILY DWELLING  
PLAN REVIEW as per UCC 2.15A

## PLUMBING

THE FOLLOWING IS REQUIRED FOR PLAN REVIEW

1. Plumbing details indicating the location of fixtures and a notice or table listing water and drainage pipe sizes. A note stating if sewage disposal is public or individual septic system:

Required	Submitted
a. Drainage, waste, venting-	
b. Water distribution-	
c. Gas piping-	
d. Storm drainage-	
e. Product Specs from Manufacturer (Equipment)	

*Please indicate common missed items that should be detailed in your submission:*

DWV- Hub drains/Floor drains used for condensate, "AAV" air admittance valves, fiberglass or Schluter System shower pan installation (variation required for methods and materials) Any future fixture shall be identified as such.

Water Distribution- Any fixture, appliance, or equipment with a water supply shall be listed and calculated, including, hose bibs, ice maker (refrigerator), lawn irrigation, pot fillers, outside showers/washdown, any future shall be identified as such etc.

GAS Piping- Future (Capped) connections include BTU value, sizing, termination location developed length

Storm Drainage-( not applicable unless) Roof drains are being installed on landings or roof deck

Product specs- Gas fired appliances, such as, Water heater, fireplaces, etc.

## MECHANICAL

THEN FOLLOWING IS REQUIRED FOR PLAN REVIEW

- v. Mechanical details indicating the type of heating system; location, size and type of heating unit, noting the distribution method and indicating design rates, location of fire dampers and safeguards; location, type and size of flue

- vi. Energy Code Compliance- shall be demonstrated with either detailed calculations or NJ Clean Energy program.

Required	Submitted
a. Manual I or approved equal	
b. Plans examiner review form or Manual S	
c. Duct/CFM design rates	
d. Gas piping	
e. Product Specs from Manufacturer	