	BLOCKLOT	
	QUALIFICATION CODE	
V FIT CHANADY (See Sec.	ADDRESS (SITE)	z.

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)		☐ Repair	IIa.PROPOSED WORK		Tel	B Responsible Derson in Char	Address	5. Architect or Engineer	Federal Emp. ID No.	Home Improvement Contractor Registration No. or Exemption Reason	License No. OR, if new home, Builder Reg. No.	'	Address	Principal Contractor:	3. Ownership in Fee: Public	Address	Tel.	2. Name of Owner in Fee:	I. IDENTIFICATION     Proposed Work Site at:	Applicant Completes: Sections I, II,	UNITALM CONSTRU		BLOCK LOT
÷		\$0						Est. Cost	Asbestos AbatSubch. 8		굿		de olice Asoly 119	once Work ha				tor Registration l	e, Builder Reg. N				C			H 23°		<b>=</b>	AP	III CC	
1. ☐ Elevat Dumb  2. ☐ High F	IV. DOES OF							Plans Rec'd by							E6			No. or Exemp	ю. 				Private_		e-mail			III (optional), IV, VI, and VII	PLIC	ONST	_ QUALIFIC,
Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks High Pressure Boilers	R WILL YOU							Date Rec'd	☐ Lead Haza	Alteration	☐ New Building		EAY.		EAY. P	Co		otion Reason			0		municipality					nd VII	APPLICATION	RUC	QUALIFICATION CODE
rs/Lifts/ 4. [] ng Walks 5. [] ers 6. []	R BUILDING							Rejection Date	Lead Hazard Abatement FOR OFF		ding				e-mail	Contact	FAX		Exp		e-mail	Tel.							ž		
	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?							Approval Date v	ice u	☐ Reno	☐ Addition								Exp. Date				zip code							CONSTRUCTION PERMIT	ADDR
Systems ctions/Back Jses/Places	OF THE FO								☐ Radon Remediation SE ONLY (Optional)	Renovation	on		Ų	,			k)				k		,							=	ADDRESS (SITE)
Refrigeration Systems 8. Smoke Cross-Connections/Backflow Preventers 9. Underg Hazardous Uses/Places of Assembly 10. Swimm	)LLOWING?							Resubmission Dates Approval Rejection viewer	ion	Reconstruction	Demolition	12. Wetlands yes	11. Base Flood Elevation		Total Land Area Disturbed      Total Land Area Disturbed		. Max.	<ol><li>Volume of New Structure</li></ol>	4. New Building Area			VI. BUILDING/SITE CHARACTERISTICS	13. TOTAL			<ol> <li>Subtotal</li> <li>State Permit Surcharge Fee</li> </ol>				V. FEE SUMMARY (for office use only)  1. Building  \$	
Smoke Control Systems in Open Wells Underground Storage Tanks Swimming Pools, Spas and Hot Tubs	1	D. Construct. Classification: Pre	Change in Use Group, Indicate Presen     C. MIXED USE -List secondary use(s):	2. Use Group, Proposed: Select Group	B. NON-RESIDENTIAL (primary use)	Lost, Sale	Gained, Rental	4. No. of dwelling units: <u>Total Units</u> <u>Income-restricted</u> Gained. Sale	Change in Use Group, Indicate Present: Select Group		A. RESIDENTIAL (primary use)	no	ft.		sq. ft.			cu. ft.	sq. ft.	ft.		ERISTICS	59		ω.	Φ • • • • • • • • • • • • • • • • • • •	Review \$			use only) Update	PERMIT NO
12.□ Fire Alarm	Proposed	Present	ate Presen		use)			its Income-restricted	Indicate Present: Select Grou	<del>1</del>	NG USE											(office use only)								te Update	

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

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

I hereby o	ertify 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.
	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 local prior 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.
Lunderst	and that if any of the above statements are willfully false, I am subject to punishment.
Signature	Date
II. AGE	NT 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 autho- the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
and local	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 ermit issuance.
	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.
l underst	and that if any of the above statements are willfully false, I am subject to punishment.
( ) Ch	eck if contractor.
Agent Na	ame
Address	
Telephor	ne
	e
III. ( )	D. W. W. O. A. M. L. A. C.
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

### 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.

<u>THE TOWNSHIP WILL NOT PICK UP DEBRIS RESULTING FROM ACTIVITY RELATED TO A BUILDING PERMIT.</u>

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!



U.C.C. E170 (rev. 01/04)	Construction Official Date	Estilidad Cost of Angly &	if construction ceases for a period of six (6) months, this permit is void.	NOTE: If construction does not commence within one (1) year of date of issuance, or				DESCRIPTION OF WORK:	(Subchapter 8 only)	[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER	[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION	[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT	Is hereby granted permission to perform the following work:	Tel. () Tax ID No	Lic, No. or Bidrs, Reg, No.	Address Tel. ()	Owner in Fee	Address	Work Site Location Contractor	IDENTIFICATION Block Lot Qualification Code
(see reverse side)	Collected by	Check No.	Total	Other	Cert. of Occupancy	DCA State Permit Fee	Other	Elevator Devices	Fire Protection	Plumbing	Electrical	Building	PAYMENTS (Office Use Only)							on Code

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT



### **TECHNICAL SECTION** FIRE PROTECTION SUBCODE



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

					Other	, ,	Approved by:	100
Administrative Surcha					Final	<b>I</b>	roved by:	Appr
Other					Fireplace Venting	Ξ1		Date
Fireplace Venting/Metal Chimney				nks	Flam/Combust Tanks	CA FI	0 [ ] 000 [ ] 0	_
Fired Appliances [ ] Gas or [ ] Oil					TCO	Ţ	SUBCODE APPROVAL	SUB
Smoke Control System					Smoke Control		Approved by:	App
Kitchen Hood Exhaust System					Mechanical	. 3		Date:
Other Systems					Pre-Eng. System	: <u>'</u>	Fire Plans Approved	
Other					Fire Pump	<u></u>	Electric [ ] Elevator	
EM200 Suppression					Standpipe	S	Building [ ] Plumbing	
CC <sub>2</sub> cappingsion ———					Suppression Sys.	· v	Joint Plan Review Required:	Join:
CO Suppression					Alarm System	· A	No Plans Required	
Wet Chemical	Initial	Approval	Failure	Failure	)e:	Type:	PLAN REVIEW	PLA
Pre-engineered Systems		Dates (Month/Day)	Dates (N		INSPECTIONS	INS	JOB SUMMARY (Office Use Only)	POF
Standpipes							Total Cost of Fire Protection Work \$	Total
Sprinkler Heads (Dry and Wet)							and the I be amountained to	
Pre-action Valves					hle Canacity	1 Combustible	Fuel Type: [ ] Flammable on [	T 9
Dry Pipe/Alarm Valves							Storage Tank	n ood
Suppression Systems Fire Pump GPM Type		Valve:	in Control		Loc		] Other	l ocation:
TOTAL		] Existing	OR [ ]	[ ]New			_	Type: [
		oe System:	n/Standpip	Fire Suppression/Standpipe System:	HVAC Fire	]Existing [ ]	Heating System:[ ] New OR [ ] Ex	Heatir
Signaling Devices (i.e., horn/strobes, bells)			<u>e</u> :	Location of Panel:	Loc	Proposed	Constr. Class: Present	Const
Supervisory Devices (i.e., tampers, low/high air)	] Existing	OR [	em:[ ] New	Fire Alarm System:[	Fire	Proposed	Use Group: Present	Use C
water/flow) ————						RISTICS	B. FIRE PROTECTION CHARACTERISTICS	B. FIR
Alarm Devices (i.e., smoke, heat, pulls,				FAX: (			Federal Emp. ID No.	Feder
[ ] 110v Interconnected			icable):	ason (if app	r Exemption Rea	stration No. o	Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	Home
[ ] System			Date	Exp. Date			Fire Alarm Contractor No.	FIre A
Alarm Systems					nstaller No.	Fire Safety In	Fire Protection Equipment, NJ Div of Fire Safety Installer No.	Fire P
Flammable/Combustible Tanks					ermit No.	Fire Safety F	Fire Protection Equipment, NJ Div of Fire Safety Permit No	Fire P
				e-mail			ress	Address
Method of Alarm/Suppression System Supervision		Ĭ		<u></u>				COL
Water Supply Source	tu.	Zip code		T <u>o</u>	municipality		Street Street	Cont
								Address
CON COT WORK	,				e-mail	Ф		Ťel.
D. TECHNICAL SITE DATA							Owner in Fee:	Owne
[ ] Certified Contractor [ ] Exempt A							Work Site Location	VVOCK
to make this application.————————————————————————————————————			Cualification Code	Anailin		LOI		DIOCK
to make this application		,	ation Code	Orielific		<u>-</u>		امماه

Control # Date Received

Permit # Date Issued

## C. CERTIFICATION IN LIEU OF OATH

o mano approprioni	hereby certify that I am the (agent of) compare this application
Applicant's Signature/Contractor's Signature	(agent of) owner of record and am authorized

Exempt Applicant

\$	Minimum Fee \$	
e \$	Administrative Surcharge \$	Administrat
		Other ————————————————————————————————————
		Fireplace Venting/Metal Chimney
		Fired Appliances [ ] Gas or [ ] Oil
		Smoke Control System
		Ither Systems Kitchen Hood Exhaust System
		Other
		=M200 Suppression
		-oam Suppression
		CO <sub>2</sub> Suppression
		Dry Chemical
		Wet Chemical
		re-engineered Systems
		Standpipes
		Sprinkler Heads (Dry and Wet)
		Pre-action Valves
		Dry Pipe/Alarm Valves
		Fire Pump GPM Type
		Suppression Systems
		OTAL
		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,
		1 10v Interconnected
		[ ] System
		Narm Systems
		-lammable/Combustible Tanks
FEE (Office Use Only)	NUMBER	

State Permit Surcharge Fee \$

TOTAL FEE \$





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.  Block Lot Lot Qualification Code	C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) record and am authorized to make this
WOIN SHE LOCAHOTI	Signature
Owner in Fee:	D. TECHNICAL SITE DATA
Tel. ()e-mail	DESCRIPTION OF WORK
Address	
street municipality zip code	
Contractor: Tel. ()	
Addresse-mail	
Contractor License No. or Builder Registration NoExp. Date	
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	
Federal Emp. ID No FAX: ()	
JOB SUMMARY (Office Use Only)	
Date Initial INSPECTIONS Dates (Month/Day)	
All   Footing   I allule required   Approval illulated   Approval il	
[ ] Footing Footing Bonding	
[ ] Foundation Slab	- YUE OF WORK:
[ ] Frame Frame	New Bullang
[ ] Other Truss Sys./Bracing	
Joint Plan Review Required: Barrier-Free	
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation	
SUBCODE APPROVAL Finishes -Final	[ ] FenceHeight (e
O [ ] CA	[ ] SignSq. Ft.
Date: Mechanical	ool
Approved by:	[ ] Retaining WallSi
	[ ] Asbestos Abatement Subchap
That	[ ] Lead Haz Abatement NJAC 5
Barner-Free	[ ] Radon Remediation
NG CHARACTERISTICS	[ ] Other
rieseiit FroposedEst	[ ] Demolition
Constr. Class Present Proposed New Bidg \$	
No. of Stories 2. Rehabilitation \$	Admir
Area — Largest FloorSq. Ft.	State Pe
New Bldg. Area/All FloorsSq. Ft.	

Date Received Control #

Date Issued Permit #

f) owner of is application.

TOTAL FEE \$	State Permit Surcharge Fee \$_	Minimum Fee \$	Administrative Surcharge \$	Penomon	Other	Radon Remediation	Lead Haz, Abatement NJAC 5:17	Asbestos Abatement Subchapter 8	Retaining Wall Sq. Ft.	Pool	SignSq. Ft.	Fence Height (exceeds 6')	Siding	Roofing	Rehabilitation	Addition	New Building \$

Cu. Ft. Sq. Ft.

Total Land Area Disturbed Volume of New Structure