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:

- 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.



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 EMAIL	CASHCHECK
Mailing Address (if different)	DATE
Phone: () () work	ZONE
Name of Applicant, Contractor or Person Responsible for work – If other	than the homeowner
Address of Applicant – If other than the Homeowner DAYTIME P	PHONE EMAIL
AUTHORIZATION: (If anyone other than above owner is making this application)	cation, the following authorization must be executed)
TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOW	NSHIP OF BARNEGAT:
IS HEREBY AUTHORI	IZED TO MAKE THE WITHIN APPLICATION.
NAME OF DESIGNEE	
DATE: SIGNATURE OF OW	/NER:
DESCRIPTION OF WORK AND/OR USE:	
	TYPE OF APPLICATION
	RESIDENTIAL: ALTERATION:
	ADDITIONNEWNEDPOOL
	I FENCE OTHER
APPLICANT'S SIGNATURE (REQUIRED) DATE	COMMERCIAL, ETC. NEW
ziiiz	CONSTRUCTION TRAILER NEW
DEDMIT ADDOMED	OTHER
PERMIT APPROVED	TEMPORARY EVENT:
DATE SIGNATURE	
	** LOCATION SURVEY REQUIRED
*PERMIT DENIED	MUST MEET THE REQUIRED
DATE SIGNATURE	MINIMUM SETBACKS AS SUBMITTED
'	
REASONS/CONDITIONS/REMARKS:	

DENIED _____

REGRADING and/or RETAINING WALL CERTIFICATION

submit	lowing NOTARIZED certification by the OWNER 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 TY OF OCEAN
	, of full age, hereby attest and certify:
1.	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.
This _	to and subscribed before meday of



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_____

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!

	BLOCK	
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	ALIFICATION CODE _	

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*********	☐ Prototype Processing	Partial Releases	0	III. PLAN REVIEW (optional)	TOTAL COST	☐ Elevator	Fire Protection		Plumbing	☐ Electrical	Building	eck all that a	SUBCODES	☐ Asbestos	☐ Repair	IIA.PROPOSED WORK		ie.	6. Responsible Person in Charge once Work has Begun	Tel.	Address	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	4. Principal Contractor:	3. Ownership in Fee: Public	Address	Tel.	2. Name of Owner in Fee:	I. IDENTIFICATION 1. Proposed Work Site at:	122	PARTIE PRINCIPLE		Ī	BLOCK
					\$0				я			Est. Cost		Asbestos AbatSubch. 8		ork			ge once Work ha					tor Registration I	e, Builder Reg. N				ic					Sections I, II, III (optional), IV, VI, and VII	上て		П	
	2. High Pr		1. Elevato	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?								Plans Rec'd by						FAX	as Begun	FAX:				No. or Exempt	lo.				Private		e-mail			ial), IV, VI, and	APPLICATION		CONSTRUCTION PERMIT	_ QUALIFICATION CODE
0 0000010	High Pressure Boilers Pressure Vessels	Dumbwaiters/Moving Walks	Elevators/Escalators/Lifts/	WILL YOUR								Date Rec'd			Alteration	New Building		?			e-mail	Contact	FAX:	ion Reason			e-r	Tel.	municipality					IIA F	AIIO	100	2 2	TION CODE
1:5		Walks 5.	/Lifts/ 4.[BUILDING (Rejection Date	FOR OF	Lead Hazard Abatement		g					<u>a</u>	tact	×		Exp.		e-mail	<u> </u>	ı						Z		<u>5</u>	
C obuilde			Refrigerat	ONTAIN AN								Approval Date	FOR OFFICE USE ONLY (Optional)			☐ Addition									Exp. Date				zip code							<u>.</u>	DER	ADE
Spillikiers/statiupipes	s Uses/Plac	nections/Ba	Refrigeration Systems	Y OF THE F								Re- viewer	NLY (Optional	☐ Radon Remediation	☐ Renovation	dition													de									ADDRESS (SITE)
	Hazardous Uses/Places of Assembly	Cross-Connections/Backflow Preventers		OLLOWING								Resubmission Dates Approval Rejec					12. Wetl					•	6. Max	5. Volu		2. Heig		VI. BUILDI	1.	12. Other		9. State			3. Plun 4. Fire		V. FEE SUMM	
11. ()	i	nters 9.		~								on Dates 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 _	Volume of New Structure	New Building Area	Height of Structure	Number of Stories	VI. BUILDING/SITE CHARACTERISTICS	YE.	Cert. of Occupancy	total	State Permit Surcharge Fee	Less 20% for State Plan Review \$	Elevator Devices	Plumbing Fire Protection	Electrical	V. FEE SUMMARY (for office use only)	
11. U LPGas Tanks	Swimming		- 1			2						Re- viewer				_		HON	. TO	Disturbed	uilding: Sta	Load		tructure	a 5	e	S	ARACTERI		çy		harge Fee	te Plan Rev				office use	
nks	Swimming Pools, Spas and Hot Tubs	Underground Storage Tanks	ontrol Systems in Open Malls		D Construct Classification: E	Change in Use Group, Indicate Presen MIXED USE: List secondary use(s):	2. Use Group, Proposed: Select Group	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 Gro	Use Group, Proposed: Se	State Specific Use:	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)	no			sq. ft.	te Approved HUD			cu. ft.	sq. ft.	3		STICS	\$		\$		iew \$					PERMIT NO.
		iz. ☐ Fire Alaim		Proposed _	ry use(s).	icate Presi	ect Group	ny use/	TV (ISB)	-		Units Incor	cate Prese	Select Group		DING USE		· ====================================	1		<u> </u> 	<u> </u> 	<u> </u> 	P	P F	€ 5, €	1	(office		-	+		$\frac{1}{1}$	+	\prod	\prod	Update	
		re Alarm	Alam				Select Cro	4 10	1	ı	1 1	ne-restricted	nt: Select Gro	(males)														(office use only)									Update	

CERTIFICATION IN LIEU OF OATH

I.	0	W	IER SECTION (to be completed if the applicant is the owner in fee)
l h	ere	ру (certify that I am the owner in fee of the property listed on Page 1.
Ma	rk 1	he	following applicable boxes:
Α.	()	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, OF 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 lister on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.
C.	•		I further certify that I will perform or supervise the following work: () Building C.2. () Fire Protection
			ner certify that I will perform the following work: () Electrical C.4. () Plumbing
D.	()	I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.
and	lo	cal	ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, count prior approvals, including such certification as the construction official may require, have been given or will be given emit issuance.
1 ur	ıde	rsta	and that if any of the above statements are willfully false, I am subject to punishment.
Sig	nat	иге	Date
			NT SECTION (to be completed if the applicant is not the owner in fee)
l he	rel	by t	ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authone owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
and	lo	cal	ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, count prior approvals, including such certification as the construction official may require, have been given or will be giver ermit issuance.
			advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation mply with all New Jersey tax laws.
l ur	de	rsta	and that if any of the above statements are willfully false, I am subject to punishment.
((Che	eck if contractor.
Age	ent	Na	me
Add	ire:	ss_	
Tel	eph	one	9
Sig	nat	ure	

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	Qualifical	tion Code
Work Site Location			
		Address	
Owner in Fee			
Address		Tel. ()	
		Lie No or Pldre Dog No	
Tel. ()			
Is hereby granted permission to perform the following	owing work:		PAYMENTS (Office Use Only)
[] BUILDING [] PLUMBING	[] LE	EAD HAZARD ABATEMENT	Building
[] ELECTRICAL [] FIRE PROT		EMOLITION	Electrical
[] ELEVATOR DEVICES [] ASBESTOS	ABATEMENT [] O	THER	Plumbing
(Subchapter	8 only)		Fire Protection
DESCRIPTION OF WORK:			Elevator Devices
			Other
			DCA State Permit Fee
NOTE: If construction does not commence with	in one (4)		Cert. of Occupancy
if construction ceases for a period of six (6) mon	n one (1) year or date of the this permit is void	rissuance, or	Other
Estimated Cost of Work \$	and, and permit is void.		Total
			Check No.
Construction Official	Date		Cash
*	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



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.

3 Pink = Office Conv	(rev 12/07)		1	no) road	max, Occupancy Load
1 White = Inspector Conv	U.C.C. F110		9	ncy pad	Max Occupa
			ω	ad	Max. Live Load
		Rehabilitation \$		w Structure	Volume of New Structure
		New Bldg. \$	sq. ft1.	ea/All Floors	New Bldg. Area/All Floors
		Est. Cost of Bldg. Work:		est Floor	Area — Largest Floor
	HUB	State Approved		ucture	Height of Structure
		If Industrialized Building:	— If Industr		No. of Stories
[] Demolition	Proposed	Constr. Class Present	Constr.	Present Proposed	Use Group Present
Other				B. BUILDING CHARACTERISTICS	3. BUILDING
[] Radon Remediation			Barrier-Free		Approved by.
[] Lead Haz. Abatemen			<u>181</u>	Final	Appropriate to
[] Asbestos Abatement			Other	Ot 0	Date:
L J Netallilly Wall			ö	TCO T 1 CA TCO	- 1 6
I Detaining Wall			Mechanical	SUBCODE APPROVAL for CERTIFICATE	SUBCODE /
I Pool	1		Litery		Approved by:
[] Sign					Date.
[] Fence			Finishes -Final		Date:
f l significant			Finishes -Base Laver	SUBCODE APPROVAL for PERMIT Fir	SURCODE
n niding			sulation	[] Elec. [] Plumb. [] Fire [] Elevator Insulation	[] Elec. [
Roofing			Barrier-Free	Joint Plan Review Required:	Joint Plan R
[] Rehabilitation			Iruss Sys./Bracing		1] Interior
[] Addition			Time Sim (Direction		[] Exterior
I J New Building		Market James	20		I 1 Evtori
			Slah		[] Struct
TYPE OF WORK			Foundation	Footings/Foundations	[] Footir
			Footing Bonding		IIA []
	Approval Initial	rallure rallure A		No Plans Required lype:	[] No Pi
		Eailuro	TO LONG	Date Hillian	
	R/Day)	Dates (Mont	INSPECTIONS	(Office Use Only)	JOB SUMMARY
		FAX: ()_		ID No.	Federal Emp. ID No.
		n (IT applicable):	Exemption Reaso	Home Improvement Contractor Registration No. of Exemption Reason (if applicable):	Home Improv
			7	Citize two: or parises regionation two.	ליותים ליייים ביי
		Exp Date		Contractor License No or Builder Registration No	Contractor Lic
		e-mail			Address
					A dd
		Tel. ()			Contractor: _
	zip code		municipality	street	Address
DESCRIPTION OF WORK					[
D. IECHNICAL SITE DATA			e-mail		Tel (
					Owner in Fee:
Signature					
record and am authorized to m					Work Site Location
roord and am outhorized to m		Qualification Code		Lot	Block

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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CHNICAL SITE DATA

Ac State	[] Demolition	[] Other	[] Radon Remediation	[] Lead Haz. Abatement NJAC 5:17	[] Asbestos Abatement Subchapter 8	[] Retaining Wall	[] Pool	[] Sign Sq. Ft.	[] Fence Heigh	[] Siding	[] Roofing	[] Rehabilitation	[] Addition	[] New Building	TYPE OF WORK:
Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$				0 5:17	napter 8	Sq. Ft.			Height (exceeds 6')					€9	FEE (Office Use Only)



Tei.

e-mail

Address

street

Contractor:

Address

e-mail

Tel.

zip code

Exp. Date

Owner in Fee:

Work Site Location

ELECTRICAL SUBCODE

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

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Qualification Code

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perforn C. CERTIFICATION IN LIEU OF OATH Approved by: 8 000 [] CA Certification Final Cut-in-Card Date Issued Date of Grounding and Bonding Annual Pool Inspection

SUBCODE APPROVAL for CERTIFICATE

Temp. Cut-in-Card Date Issued

Barrier-Free

Approved by:

SUBCODE APPROVAL for PERMIT

the work listed on this application.

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contir [] Exempt Applicant Applicant's Signature/Contractor's Seal and Signature

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Control # Date Received

Date Issued Permit #

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DESCRIPTION OF WORK

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CHANGING

es	TOTAL FEE		
	State Permit Surcharge Fee		
e &	Minimum Fee		
8	Administrative Surcharge		
			-
	KW Elec. Sign/Outline Light		
	AMP Motor Control Center		i
	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		
	HP Garbage Disposal		-
	KW Dishwasher		
	KW Elec. Dryer/Receptacle		
	KW Elec. Water Heater		
	KW Oven/Surface Unit		
	KW Elec. Range/Receptacle		
	Storable Pool/Spa/Hot Tub		
	Pool Permit/with UW Lights		
\$	TOTAL NUMBERS		
	Alarm Devices/F.A.C. Panel		
	Communications Points		
	Emergency & Exit Lights		
	Motors—Fract. HP		
	Light Poles		
	Detectors		
	Switches		
	Receptacles		
	Lighting Fixtures		
FEE (Office Use Only)	ITEMS	SIZE	QTY.

Est. Cost of Elec. Work \$ Building Occupied as _

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Type:

Failure

Failure

Approval

initial

Dates (Month/Day)

INSPECTIONS

Rough

Barrier-Free

Date:

Approved by:

Constr. Serv.

Temp. Serv.

] Electric Plans Approved

Joint Plan Review Required:

Bldg. [] Plumb. [] Fire. [] Elev

Other TCO

Service

Date

[] Partial -Underslab Utilities Approved

Approved by:

Trench

B. ELECTRICAL CHARACTERISTICS

Federal Emp. ID No.

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

Contractor License No.

Use Group

Present

Pole/Pad

] Temporary

[] Other

Proposed

FAX: (

Utility Co.



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received Control #

Date Issued Permit #

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CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMA
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Block

Lot

Qualification Code

Work Site Location_

Tel (

Address_ Owner in Fee

Tel (_

FAX (

Address __ Contractor

Contractor License No. ...

Federal Emp. No. _

Use Group

R-3, R-4 or R-5

Heating System

Fuel:

n [] Conversion []

[] []

[] Electric

[] Solar

[] Replacement

Other _

B. MECHANICAL CHARACTERISTICS

Type: [] Hydronic [] Hot Air	Hot Air					NO.	FIXTURE/EQUIPMENT	MENT	FEE (Office Use On
Estimated Cost of Mechanical Work \$_						9	Water Heater		
IOB CHANADY CHICA TICA ORW							Fuel Oil Piping		
DI ANI DEVIEW.	100000000000000000000000000000000000000			i 2			Gas Piping		AND THE PARTY OF T
TEAN XEVIEVY	INSPECTIONS		DAIES	Ę			Steam Boiler		
[] No Plans Required	Туре:	Failure	Failure	Approval	Initial		Hot Mater Boile		
Joint Plan Review Required	Gas Piping						Hot Vide Doller	**	
[] Bldg. [] Plumb.	Appliance						Hot Air Furnace		The second secon
[] Elec. [] Elevator	Chimney/Vent						OI LAIK		
[] Fire [] Mech.	Oil Piping						i Lio Tank		Andreas and the first of the fi
PLANS APPROVED	Oil Tank						rireplace		
Date:	LPG Tank			terr tellacetelemen			Other		No. of the Control of
Approved by:	Hydronic Piping				-		7		
SUBCODE APPROVAL	Fireplace							Administrative Surcharge \$	harge \$
[] CA [] CCO	Chimney Cert.							Minimum Fee \$	n Fee \$
Date:	Other						<u>S</u>	State Permit Surcharge Fee \$	Fee \$
Approved by:								TOTAL	TOTAL FEE \$
C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of	vner of								
record and am authorized to make this application	polication								

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AND THE RESERVE OF THE PERSON		, , , , , , , , , , , , , , , , , , , ,
		DESCRIPTION OF WORK
Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$	FIXTURE/EQUIPMENT Water Heater Fuel Oil Piping Gas Piping Steam Boiler Hot Water Boiler Hot Air Furnace Oil Tank LPG Tank Fireplace Other	OF WORK
narge \$nree \$	FEE (Office Use Only)	

Signature



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.

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		1	1			Other		Approved by:
		1			ď			Date:
Other					Fireplace Venting		J CCO [] CA	1 00 [
Fired Appliances [] Gas	1	1		<i>i</i>	ICO Elam/Combust Tanks		•	
		1			Smoke Control	Smoke		Approved by:
Kitchen Hood Exhaust Syst		1			nical	Mechanical		Date:
Other Systems		1			Pre-Eng. System	Pre-En	Fire Plans Approved	[] Fire Plar
PMZ00 Suppression		1			mp	Fire Pump	_	[] Electric
Foam Suppression	1	1			pe	Standpipe	[] Plumbing	[] Building
CO ₂ Suppression					Suppression Sys.	Suppre	iew Required:	Joint Plan Review Required:
Dry Chemical					System	Alarm System	No Plans Required	No Plans
Wet Chemical	oval Initial	Failure Approva	Failure	Failure	Civil	Type:	PLAN REVIEW	PLAN REVIEW
Pre-engineered Systems	av)	(Month/D	Dates		PION	INSPECTIONS		
Sprinkler Heads (Dry and W							Total Cost of Fire Protection Work \$	Total Cost of Fi
Pre-action valves					Capacity] Combustible	Fuel Type: [] Flammable on [Fuel Type: [
Dry Pipe/Alarm Valves							Tank:	Fuel Storage Tank:
Fire Pump GPM Ty		oi vaive:	in Contr	Location of Main Control Valve:	Loca			Location:
Suppression Systems	g	1 J Existing	OR L	JNeW OR		Triochio I J colai	<u></u>	[] Other
TOTAL	Q	I de orbitession oandplot oystem	olimoralio.	Tall			2	
Other Devices (i.e., non	3	pino Cyc	on/Stand	Eira Suppression/s		rieting [] HVAC	9	leating System
Capalina Dovices (i.e., an				ion of Pai	locati	Proposed	Present	Ś
water/flow)	[] Existing	New OR		Fire Alarm System:[Fire A	Proposed	Present	Jse Group:
Alarm Devices (i.e., smoke,				1		USTICS	3. FIRE PROTECTION CHARACTERISTICS	3. FIRE PROTE
[] CO Detectors/110v			_	FAX: (T .		No	ederal Emp. ID No
[] 110v Interconnected			licable).	on (if ann	notion Reas	tration No. or Exe	Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	dome improven
[] System			Date	Exp. Date			ractor No.	ire Alarm Contractor No.
Flammable/Combustible Ian					No.	Fire Safety Installe	ire Protection Equipment, NJ Div of Fire Safety Installer No.	ire Protection I
					No.	Fire Safety Permit	Fire Protection Equipment, NJ Div of Fire Safety Permit No.	ire Protection I
Method of Alarm/Suppress				e-mail _				Address
water supply source			Î	Tel.				Contractor:
	zip code				municipality		street	
								Address
DESCRIPTION OF WORK:						e-mail		Tel. ()
D. TECHNICAL SITE DATA								Owner in Fee:
[] Certified Contractor								TOTAL CITY COOK
							Ď,	Work Site I ocation
to make this application ——		ode e	Qualification Code	Qualific				Block
I harahy cartify that I am that			-1000.	1-000-212	T DIG NO.	ICE. CALL OTILITY DIG NO. 1-000-2/2-1000.	JINITACIONO, NOTIFICINO OFFICE	CONTRACTOR

Date Received Control #

Date Issued Permit #

C. CERTIFICATION IN LIEU OF OATH

to make allo application.	I hereby certify that I am the (agent
Applicant's Signature/Contractor's Signature	the (agent of) owner of record and am authorize

Exempt Applicant

Administrative Surcharge \$	Other	Fireplace Venting/Metal Chimney	Fired Appliances [] Gas or [] Oil	Smoke Control System	Other Systems Kitchen Hood Exhaust System	Other	FM200 Suppression	Foam Suppression	CO ₂ Suppression	Dry Chemical	Wet Chemical	Pre-engineered Systems	Sprinkler Heads (Dry and Wet)	Pre-action Valves	Dry Pipe/Alarm Valves	Suppression Systems Fire Pump GPM Type	TOTAL	Other Devices	Signaling Devices (i.e., horn/strobes, bells)	Supervisory Devices (i.e., tampers, low/high air)	Alarm Devices (i.e., smoke, heat, pulls, water/flow)	110v InterconnectedCO Detectors/110v	[] System	Alarm Systems		Method of Alarm/Suppression System Supervision	
ve Surcharg																									NUMBER	rvision	
je \$																									FEE (Office Use Only)		

State Permit Surcharge Fee \$

TOTAL FEE \$

Minimum Fee \$



PLUMBING SUBCODE



zip code

Tel. (_ C. CERTIFICATION IN LIEU OF OATH Est. Cost of Plumbing Work **Building Sewer Size B. PLUMBING CHARACTERISTICS** CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Water Service Size Use Group A. IDENTIFICATION—APPLICANT: Federal Emp. ID No. Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Contractor License No. Address Contractor: Owner in Fee: Work Site Location Date: JOB SUMMARY (Office Use Only) Address [] (0) [] (0) Approved by: SUBCODE APPROVAL [] Building Joint Plan Review Required: [] No Plans Required PLAN REVIEW Fire Present street [] Elevator [] Electric TECHNICAL SECTION SA COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Lot -**Public Water** Public Sewer Type: INSPECTIONS Rough Slab e-mail Solar TCO Water Sewer **Gas Piping** Fuel Oil Piping LPGas Tank Other Gas Equipment municipality Proposed e-mail Failure **Qualification Code** FAX: (Exp. Date Tel. Private Well Private Septic Failure Dates (Month/Day)

Approval

Initial

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

Cont	Date
rol#	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)	

[] Licensed Plumbing Contractor [] Exempt Applicant