

# 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.



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

**EMAIL** \_\_\_\_\_

**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**

**EMAIL** \_\_\_\_\_

**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

---

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!**



# 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 \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
4. Principal Contractor: \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
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)

|  | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Approval | Re-viewer |
|--|-----------|----------------|------------|----------------|---------------|-----------|----------|-----------|
| <input type="checkbox"/> Building        |           |                |            |                |               |           |          |           |
| <input type="checkbox"/> Electrical      |           |                |            |                |               |           |          |           |
| <input type="checkbox"/> Plumbing        |           |                |            |                |               |           |          |           |
| <input type="checkbox"/> Fire Protection |           |                |            |                |               |           |          |           |
| <input type="checkbox"/> Elevator        |           |                |            |                |               |           |          |           |

TOTAL COST \$0

## 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/ Dumbwaiters/Moving Walks  
2. ☐ High Pressure Boilers  
3. ☐ Pressure Vessels  
4. ☐ Refrigeration Systems  
5. ☐ Cross-Connections/Backflow Preventers  
6. ☐ Hazardous Uses/Places of Assembly  
7. ☐ Sprinklers/Standpipes  
8. ☐ Smoke Control Systems in Open Wells  
9. ☐ Underground Storage Tanks  
10. ☐ Swimming Pools, Spas and Hot Tubs  
11. ☐ LPGas Tanks  
12. ☐ 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 \_\_\_\_\_  
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  
Gained, Sale \_\_\_\_\_  
Gained, Rental \_\_\_\_\_  
Lost, Sale \_\_\_\_\_  
Lost, Rental \_\_\_\_\_  
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



Date 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 \_\_\_\_\_  
Work Site Location \_\_\_\_\_

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   |      |         | Footling             |       |         |                   |          |
| <input type="checkbox"/> All   |      |         | Footling 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 \_\_\_\_\_  
No. of Stories \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_
2. Rehabilitation \$ \_\_\_\_\_
3. Total (1+ 2) \$ \_\_\_\_\_

Max. Live Load \_\_\_\_\_  
Max. Occupancy Load \_\_\_\_\_

U.C.C. F110  
(rev. 12/07)

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:  | HEIGHT (EXCEEDS 6') | SQ. FT. | FEE (Office Use Only) |
|--|---------------------|---------|-----------------------|
| <input type="checkbox"/> New Building                    |                     |         |                       |
| <input type="checkbox"/> Addition                        |                     |         |                       |
| <input type="checkbox"/> Rehabilitation                  |                     |         |                       |
| <input type="checkbox"/> Roofing                         |                     |         |                       |
| <input type="checkbox"/> Siding                          |                     |         |                       |
| <input type="checkbox"/> Fence _____                     |                     |         |                       |
| <input type="checkbox"/> Sign _____                      |                     |         |                       |
| <input type="checkbox"/> Pool                            |                     |         |                       |
| <input type="checkbox"/> Retaining Wall _____            |                     |         |                       |
| <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                      |                     |         |                       |

| TYPE OF WORK:  | HEIGHT (EXCEEDS 6') | SQ. FT. | FEE (Office Use Only) |
|--|---------------------|---------|-----------------------|
| <input type="checkbox"/> New Building                    |                     |         |                       |
| <input type="checkbox"/> Addition                        |                     |         |                       |
| <input type="checkbox"/> Rehabilitation                  |                     |         |                       |
| <input type="checkbox"/> Roofing                         |                     |         |                       |
| <input type="checkbox"/> Siding                          |                     |         |                       |
| <input type="checkbox"/> Fence _____                     |                     |         |                       |
| <input type="checkbox"/> Sign _____                      |                     |         |                       |
| <input type="checkbox"/> Pool                            |                     |         |                       |
| <input type="checkbox"/> Retaining Wall _____            |                     |         |                       |
| <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 \$                  |  |

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy





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 municipally zip code

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
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 | Initial |
| [ ] No Plans Required                     |  |                               |         |                   |          |         |
| [ ] Partial -Underslab Utilities Approved |  | Rough                         |         |                   |          |         |
| Date: _____                               |  | Barrier-Free                  |         |                   |          |         |
| [ ] Electric Plans Approved               |  | Trench                        |         |                   |          |         |
| Date: _____                               |  | Temp. Serv.                   |         |                   |          |         |
| [ ] Electric Plans Approved by: _____     |  | Const. Serv.                  |         |                   |          |         |
| Joint Plan Review Required:               |  | TCO                           |         |                   |          |         |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.  |  | Other                         |         |                   |          |         |
| SUBCODE APPROVAL for PERMIT               |  | Service                       |         |                   |          |         |
| Date: _____                               |  | Final                         |         |                   |          |         |
| Barrier-Free                              |  |                               |         |                   |          |         |
| Approved by: _____                        |  |                               |         |                   |          |         |
| SUBCODE APPROVAL for CERTIFICATE          |  | Temp. Cut-In-Card Date Issued |         |                   |          |         |
| [ ] CO [ ] CCO [ ] CA                     |  | Final Cut-In-Card Date Issued |         |                   |          |         |
| Date: _____                               |  | Annual Pool Inspection        |         |                   |          |         |
| Approved by: _____                        |  | Date of Grounding and Bonding |         |                   |          |         |
| Certification                             |  |                               |         |                   |          |         |

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 Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

| QTY. | SIZE | ITEMS                      |
|------|------|----------------------------|
|      |      | Lighting Fixtures          |
|      |      | Receptacles                |
|      |      | Switches                   |
|      |      | Detectors                  |
|      |      | Light Poles                |
|      |      | Motors—Fract. HP           |
|      |      | Emergency & Exit Lights    |
|      |      | Communications Points      |
|      |      | Alarm Devices/F.A.C. Panel |

Date Received  
Control #  
Date Issued  
Permit #

TOTAL NUMBERS

|                                |  |
|--------------------------------|--|
| Pool Permit/with UV 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 \$                  |  |