

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) 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.

Township of Barnegat
County of Ocean



Barnegat Township Road Opening Bond and Permit Application Instructions

- * All road openings require a Road Opening Bond (Refundable 2 year from the completion of road work)
- * Openings up to 50 Sq.Ft in length \$200.00, over 50 Sq Ft in length is \$250.00 Over 500 Sq Ft in length is \$300.00 Over 1,500 Sq Ft is \$350.00
- * The Road Opening Bond is only good for one opening. Therefore, if you are opening more than one hole, you must post bonds for each opening.
- * Road openings that are 100ft or less require a \$2,500.00 Bond. Road openings over 100ft require \$2,500.00 plus \$20.00 per foot over 100. This is required for each road opening.
- * All road openings require a \$600.00 Inspection Fee for the Initial Road Inspection and \$300.00 for the Final Inspection of the Road (to be performed one year from completion)
- * Any Water and/or Sewer Tap must be inspected by the Township Engineer at the time the work is being performed. This requires an additional \$500.00 Inspection Fee for each tap.
- * Some road openings may require the presence of a Traffic Control Officer. If it is determined that an officer is necessary, then payment for their services is mandatory. Payment amount will be quoted by a Barnegat Township Traffic Control Officer.
- * Road Opening Bonds are obtained in the Township Clerk's Office.
- * Checks shall be made payable to the Township of Barnegat.
- * Requests for Final Inspection and Bond Releases shall be made in writing and submitted to the Municipal Clerk after two (2) year of the completion of work performed.

- * **A plan showing proposed work and applicable construction details shall be provided for review. Construction details can be found at http://www.nj.gov/dca/divisions/codes/codreg/pdf_regs/njac_5_21.pdf**

Step 1: Obtain this packet and a Curb Cut Application along with required fees from the Construction Office.

Step 2: Complete the Bond Application and Checklist.

Step 3: Submit Road Opening Bond and Inspection Fees to Barnegat Clerks Office.

Step 4: Bring completed applications and payment Receipts to Construction Office.

Step 5: Submit Applications, **Plan**, and Permit Application Fee

Step 6: You will be contacted by the Construction Office when your permit is approved & ready To be picked up.

Step 7: Contact the Township Engineer to schedule Water and Sewer Taps – The Engineer must be present at time of connection.

Step 8: 2 years from completion submit a written request for release of Bond to Clerk's Office

New Single Family Dwelling FEES (Other than Building Permit Fees):

ALL FORMS CAN BE FOUND AT www.barnegat.net under FORMS

ZONING DEPT.

Zoning Fee: \$100.00

RE-Review Zoning Fee: \$50.00

ENGINEERING DEPT.

Engineering Fee: \$600.00

RE-Review Engineering Fee: \$50.00

WATER/SEWER DEPT.

Water and Sewer Fees: Contact the Water/Sewer Dept. (609) 698-0080 x143

Water and Sewer Connection Fees: Contact the Water/Sewer Dept. (609) 698-0080 x143

FINANCE OFFICE - FEES MAY INCLUDE:

Stormwater Drainage, Pressure Improvement, Walter's Reimbursement, ETC.

PLEASE CONTACT CHRISTINE IN FINANCE for further clarification: christinet@barnegat.net

CLERK'S OFFICE:

Posting Bonds for:

ROAD OPENING/CURB CUT PERMITS: SEE ATTACHED AND FOLLOW DIRECTIONS

TREE CUTTING PERMIT: CAN ONLY BE OBTAINED AFTER A BUILDING PERMIT IS ISSUED.

Please see the attached application and if you have any questions please contact John Durasky – (609)698-0080 x159

Barnegat Township

900 West Bay Avenue

Barnegat, NJ 08005



Barnegat Township
900 West Bay Avenue
Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446
www.barnegat.net

ROAD OPENING / CURB CUT APPLICATION

DATE: _____

ADDRESS: _____

BLOCK: _____ LOT: _____

SIZE OF OPENING: _____

LENGTH OF OPENING: _____

REQUEST BY: _____

PHONE #: _____ **EMAIL** _____

ROAD OPENING/ CURB CUT FEES: Contact Code Enforcement at (609) 698-0080 x159

***NOTE: Bond and Inspection Fees to be posted with Clerk's Office**

PERMIT # _____
FEE _____
CASH ____ CHECK _____
DATE _____

-----Official

Use Only:

ROAD OPENING PERMIT:

BOND POSTED: YES NO

INSPECTION FEE POSTED: YES NO

PLAN OF WORK PROVIDED: YES NO

APPROVED _____ _____
Date John Durasky, Code Enforcement Officer

DENIED _____ _____
Date John Durasky, Code Enforcement Officer

COMMENTS:

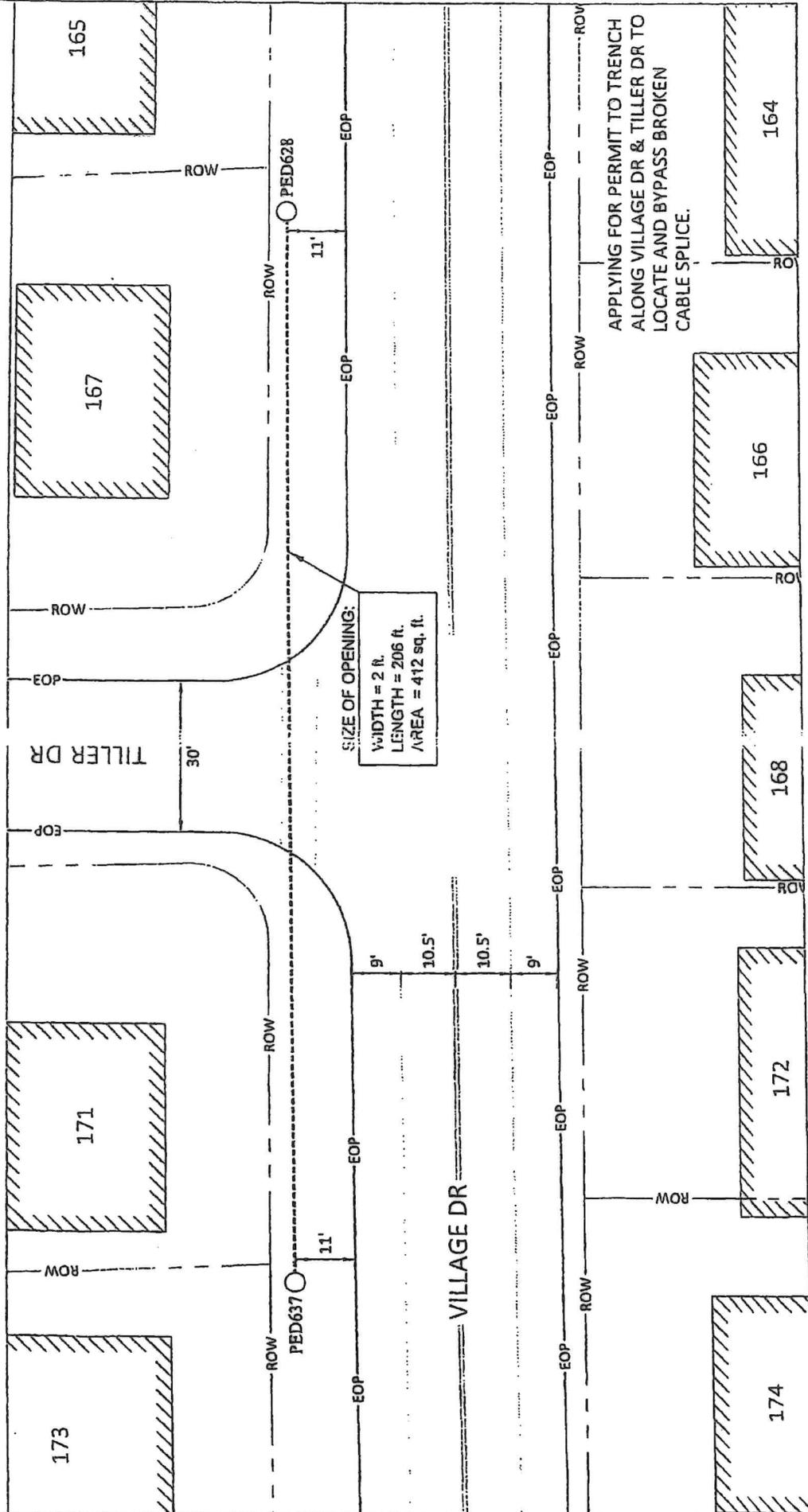
TOWN: BARNEGAT TWP, NJ 08005
COUNTY: OCEAN

LEGEND

----- ROAD OPENING

VILLAGE DR & TILLER DR

VZ JOB#: 5N00113
SHEET 1 OF 1



County of Ocean



Municipal Offices
 900 West Bay Avenue
 Barnegat, NJ 08005

Clerk's Office
 Phone (609) 698-0080
 Fax (609) 698-4088

Property Location: _____ Block _____ Lot _____

Contact Name: _____ Phone # _____

Contact Address: _____

Road Opening Bond Check List

___ * Road opening Bond (Refundable) \$2,500.00

 Size of Opening _____ ft \$ _____

If greater than 100ft Bond requires an additional
 \$20.00 per foot over 100ft.

___ Road Opening Inspection Fee (mandatory) \$600.00

___ Water Tap Inspection \$500.00

___ Sewer Tap Inspection \$500.00

___ Utility/Other: _____

___ Traffic Control Required YES / NO

Officer Signature _____

Rec'd Amt	Method	Reciever/Date

Checks payable to: Township of Barnegat
Submit check list and payment to: Barnegat Township Clerk's Office

- The Road Opening Bond is only good for one road opening. Therefore if you are opening more than one hole, you must post bonds for each opening.

Permit Application For:

CUTTING OF TREES AND SHRUBS

NOTE - PLOT PLAN REQUIRED INDICATING LOCATION OF ALL TREES ON SAID LOT AND WHICH TREES ARE TO BE REMOVED

Date of Application: _____

Name of Applicant: _____ Telephone# _____

Address: _____

Name of Property Owner: _____ Telephone# _____

Address: _____ Email _____

Site of tree and shrub removal: Block _____ Lot _____

Site Address _____ Total Acreage _____

_____ Check if site is a farm

Purpose of tree and shrub removal:

License number of vehicle(s) to be used: _____

NOTE: If the applicant is not the property owner of record, a statement of permission to remove or destroy the trees and/or Shrubs from the property owner of record, duly attested by a public notary of the State of New Jersey must accompany this application as defined in Ordinance # 1981-42.

I do hereby certify that the answers to the above questions have been answered correctly and completely to the best of my ability.

Ordinance 22-17

Signature of Applicant

Fees: Application \$25.00
Permits \$100.00
Per acres harvested \$25.00

OFFICIAL USE ONLY:

Date: _____ Permit#: _____

Code Enforcement Official's Approval _____ OR Code Enforcement Official's Denial _____

Reason for Denial: _____

Fees Required: Application: _____ Homestead, all fees waived _____
Permit: _____ Site is a farm, all fees waived _____
() Acres Harvested: _____
TOTAL _____

Cc: Construction Official
Municipal Clerk
Township Engineer

Permit Issued By



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: _____ e-mail _____
 Tel. _____
 Address _____
 3. Ownership in Fee: street Public _____ Private _____ municipality _____
 Address _____ Tel. _____
 4. Principal Contractor: _____ 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: _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
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 (office use only)

- Number of Stories _____ ft.
- Height of Structure _____ sq. ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

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)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-approval	Rejection	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	\$ _____								

FOR OFFICE USE ONLY (Optional)

Resubmission Dates: _____
 Re-approval: _____
 Rejection: _____
 Re-viewer: _____

III. PLAN REVIEW (optional)

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

DO YOU WANT:

- Partial Releases Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks Refrigeration Systems Smoke Control Systems in Open Wells Fire Alarm
- Ductwork Provisions High Pressure Boilers Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____ Select Group _____
- Change in Use Group, Indicate Present: _____ Select Group _____
- No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____ Select Group _____
- 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. 46:38-1 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.

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.

RE-GRADING CERTIFICATION

The following **CERTIFICATION** by the **OWNER** of the property listed below must be submitted prior to any C.O. or C.A. being issued for any **CHANGES TO A PREVIOUSLY APPROVED LOT GRADING** (This includes: fences, pools, decks, retaining wall installations, etc.)

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



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 _____ 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!



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 _____ Qualification Code _____
Work Site Location _____

Owner In Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____
Address _____

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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	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		
			Energy		
Approved by:			Mechanical		
			TCO		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Other		
Date:			Final		
Approved by:			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Rehabilitation \$ _____
- Total (1+ 2) \$ _____

U.C.G. 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.

Control # _____
Date Issued _____
Permit # _____

Signature _____
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	FEE (Office Use Only)
TYPE OF WORK:	
<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 _____ 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 \$ _____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = 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 _____

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.

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ Tel. (____) _____ zip code _____

Contractor: _____ e-mail _____

Address _____ Exp. Date _____

Contractor License No. _____

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	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required			Type: _____	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:			Rough _____	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Barrier-Free _____	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Trench _____	
<input type="checkbox"/> Elec Plans Approved			Temp. Serv. _____	
Date: _____			Const. Serv. _____	
Approved by: _____			TCO _____	
			Other _____	
			Service _____	
			Final _____	
			Barrier-Free _____	
SUBCODE APPROVAL				
<input type="checkbox"/> CO <input type="checkbox"/> CC				
<input type="checkbox"/> CA				
Date: _____			Temp. Cut-in-Card Date Issued _____	
Approved by: _____			Final Cut-in-Card Date Issued _____	
			Annual Pool Inspection _____	
			Date of Grounding and Bonding Certification _____	

Applicant's Signature/Contractor's Seal and Signature _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Meters—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storage Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Over/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 1/4 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	\$ _____

U.C. F-120 (rev. 12/05) Applicant: When submitting this form to your Local Jurisdiction Code Enforcement Office, please provide one original plus three photocopies



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 _____ zip code _____

Contractor: _____ Tel. (_____) _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

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

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: _____	Mechanical				
Approved by: _____	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

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. _____ 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

NUMBER _____ FEE (Office Use Only) _____

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 _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____ Exp. Date _____

Contractor License No. _____

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 Sewer _____

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: Slab _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

Rough _____ Failure _____

Gas Piping _____ Failure _____

Sewer _____ Failure _____

Water _____ Failure _____

Gas Equipment _____ Failure _____

Other _____ Failure _____

LP Gas Tank _____ Failure _____

Fuel Oil Piping _____ Failure _____

Solar _____ Failure _____

TCO _____ Failure _____

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 _____ \$ _____

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 _____
Contractor in Fee _____ e-mail _____
Tel. () _____ e-mail _____
Address _____ 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: () _____
2. 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 \$ _____

C. CERTIFICATION IN UEU 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
I [] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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	_____
	GreaseTrap	_____
	Sewer Connection	_____
	Water Service Connection	_____
	Stacks	_____
	Other	_____
	Other	_____

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

Date Received _____
Control # _____
Date Issued _____
Permit # _____



Barnegat Township

Construction Office

900 West Bay Avenue, Barnegat, New Jersey 08005

Tel 609.698.0080 Fax 609.698.7446

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. MUA _____
10. Pinelands _____
11. CAFRA _____
- 10) DEP _____ (permitbyrule) _____
- 11) All technical subcodes -- B _____, P _____, E _____, F _____ M _____
- 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 _____ S/B attached to Bldg Tech
- 4) Zoning Application (APPROVED Date) _____
- 5) OC soils (Letter and Final) _____
- 6) Municipal Utilities Water/Sewer (PINK) _____
- 7) Developmental Fees _____
- 8) As Built survey (FINAL) _____
- 9) Pinelands (Anything West of the Parkway) _____
12. Taxes (CHECK EDMUNDS) _____
13. finance - escrows CHECK WITH CHRISTINE X163 _____
14. Home Warranty _____ Effective Date _____
15. Engineering _____ W/S _____ (Letter and Final)
16. Foundation Location (UNDER CONSTRUCTION) _____
17. OC health for Well or septic _____
18. Cafra Letter/Approval _____
19. elevation certificate _____ Houses on the Water
20. Debris Form on back of jacket _____

-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

Township of Barnegat

COUNTY OF OCEAN

900 West Bay Avenue
Barnegat, New Jersey 08005



Tel# (609)698-0080
Fax# (609)698-7446

Building/Inspections Department

OCEAN COUNTY SOILS REQUIREMENTS

ANY SOIL/SURFACE DISTURBANCE OF MORE THAN 5,000 SQUARE FEET OF
LAND, INCLUDING;

- 1) A NEW SINGLE FAMILY DWELLING DISTURBING 5,000 SQUARE FEET OR MORE OF SOIL INCLUDING , BUT NOT LIMITED TO, DRIVEWAYS, SIDEWALKS, SEWERS, UTILITIES, SEPTICS, CURBS, LAWN AND LANDSCAPING OR OTHER DISTURBANCE TO ACCOMMODATE THE DWELLING UNIT.
(IF NOT SURE OF SIZES, INQUIRE TO OCEAN COUNTY SOILS ANYWAY)
- 2) TWO OR MORE SINGLE FAMILY DWELLINGS REGARDLESS OF SIZES
- 3) DEMOLITION OF A STRUCTURE OR STRUCTURES
- 4) PARKING LOT(S)
- 5) PUBLIC FACILITY(S)
- 6) MINING / QUARRY'S
- 7) CLEARING, GRADING, OR STOCKPILING SOILS AT OR OVER 5,000 SQUARE FEET
- 8) COMMERCIAL CONSTRUCTION OF ANY KIND

ANY OF THE ABOVE REQUIRES EITHER AN APPLICATION LETTER OR A LETTER OF EXEMPTION

AGAIN, IF NOT SURE OF SIZES, INQUIRE ANYWAY

THANK YOU

LOUIS F FISCHER
CONSTRUCTION OFFICIAL
BARNEGAT TOWNSHIP, NJ

Ocean County Soils
714 Lacey Road
Forked River, NJ 08731
Tel.#609-971-7002
Fax#609-971-3391



Barnegat Township

900 West Bay Avenue

Barnegat, New Jersey 08005

Tel 609.698.0080 Fax 609.698.7446

www.barnegat.net

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:

**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

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 (1 original 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 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 _____

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

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

Date: _____ Owner's Name: _____

Address: _____

Telephone# _____ Block _____ Lot _____

Design Engineer _____ Tel. # _____

Contractor _____ Address _____

Contractor's License # _____

Description of Work _____

Reviewed By: _____

Date: _____

Approved Design Attached _____