



# 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 \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 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

1. Number of Stories \_\_\_\_\_ (office use only)  
 2. Height of Structure \_\_\_\_\_ ft.  
 3. Area -- Largest Floor \_\_\_\_\_ sq. ft.  
 4. New Building Area \_\_\_\_\_ sq. ft.  
 5. Volume of New Structure \_\_\_\_\_ cu. ft.  
 6. Construction Classification \_\_\_\_\_  
 7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.  
 8. Flood Hazard Zone \_\_\_\_\_  
 9. Base Flood Elevation \_\_\_\_\_ ft.  
 10. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_  
 11. Max. Live Load \_\_\_\_\_  
 12. Max. Occupancy Load \_\_\_\_\_

### II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> a. Repair								
<input type="checkbox"/> b. Alteration								
<input type="checkbox"/> c. Renovation								
<input type="checkbox"/> d. Reconstruction								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

### VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL  
 1. State Specific Use:  
 2. Use Group:  
 3. Change in Use Group, Indicate Former:  
 4. No. of dwelling units: All Units *Income-restricted*

B. NON-RESIDENTIAL  
 1. State Specific Use:  
 2. Use Group:  
 3. Change in Use Group, Indicate Former:

### III. DO YOU WANT: (optional)

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  
 8.  Smoke Control Systems in Open Wells  
 9.  Underground Storage Tanks  
 10.  Swimming Pools, Spas and Hot Tubs

**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(e)1.vii:

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 have been given, including such certification as the construction official may require.

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 have been given, including such certification as the construction official may require.

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. 5:17.**

**Borough of Ocean Gate**  
**801 Ocean Gate Avenue – Ocean Gate, NJ 08740**

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**N.J.A.C. 5:23-2.17 Demolition or removal of structures**

1. Service connections:

Before a structure can be demolished or removed, the owner or agent shall notify all utilities having service connections within the structure, such as water, electric, gas, sewer and other connections. A permit to demolish or remove a structure shall not be issued until releases are obtained from all utilities that provided service to the property, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed or plugged in a safe manner.

2. Abandoned wells:

In the event that there is a well on the property a certification must be obtained from a well driller licensed by the Department of Environmental Protection indicating that the well has been sealed or temporarily capped in accordance with N.J.A.C. 7:9-9.

3. Notice to Adjoining Owners:

A copy of a written notice by the applicant must be provided to the township and sent to adjoining property owners for notification of wires or other facilities that may require temporary removal, such as electrical and/or cable wires.

4. Lot Regulations:

Whenever a structure is demolished or removed, the premises must be maintained free of unsafe or hazardous conditions by the proper regulation of the lot. Restoration of property condition to as good, or better than onset of work performed.

5. Asbestos Abatement:

A letter from a New Jersey licensed architect, engineer, or New Jersey licensed asbestos contractor (listing available in the Department of Inspections) shall be provided stating whether the structure does or does not contain friable asbestos. The letter must also declare that the demolition shall meet USEPA 40 CFR 61 subpart M have been or shall be met. All asbestos, siding, roofing, and cement board require disposal receipt.

6. Complete and return Schedule A - Debris and Removal Sheet.

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**Borough of Ocean Gate  
801 Ocean Gate Avenue – Ocean Gate, NJ 08740**

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**Demolition Permit Requirement - Schedule A - Debris and Removal**

Site Address: \_\_\_\_\_ Block/Lot: \_\_\_\_\_  
Name: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

1. Description of construction material to be removed (include quality and nature)  
\_\_\_\_\_  
\_\_\_\_\_
2. Person responsible for the removal of debris (supply name, address and phone)  
\_\_\_\_\_  
\_\_\_\_\_
3. If commercial pickup, supply name, address and phone of hauler and dumpster site  
\_\_\_\_\_  
\_\_\_\_\_
4. Proposed destination of discarded materials  
\_\_\_\_\_  
\_\_\_\_\_

Re: Block/Lot: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

I, \_\_\_\_\_, owner/agent of the property stated above do hereby certify that all stated requirements will be executed as per code N.J.A.C. 5:23- 2.17.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

Notary Public of the State of New Jersey

# USE BUILDING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

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

Tele. (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Req.	_____	_____	Type: _____	_____	Failure	Approval
<input type="checkbox"/> All	_____	_____	Footings	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Insulation	_____	_____	_____
Joint Plan Review Required:	_____	_____	Finishes:	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire	_____	_____	Energy	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Mechanical	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____
Approved By: _____	_____	_____	Final	_____	_____	_____

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Constr. Class 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.  
 Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

**Est. Cost of Bldg. Work:**

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

**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:

- New Building
- Addition
- Alteration
- Roofing
- Sliding
- Fence \_\_\_\_\_ Height (6' or over)
- Sign \_\_\_\_\_ Sq. Ft.
- Pool
- Asbestos Abatement
- Other \_\_\_\_\_
- Demolition

(Office Use Only)  
FEE

Paid  Check # \_\_\_\_\_  
 Collected by: \_\_\_\_\_  
 Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 DCA TRAINING FEE \$ \_\_\_\_\_  
 TOTAL FEE \$ \_\_\_\_\_