

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

\*\*\*\*

**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.

*Water/sewer  
must be  
coordinated with  
Liz Barger, ext. 10  
Utility Collector  
for cut n cap.*

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.

Asbestos Abatement:

A letter from one of the following: homeowner/contractor/ New Jersey licensed Architect, Engineer, Asbestos Abatement Contractor 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.

\* \* \*



**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: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footling				
<input type="checkbox"/> All				Foundation				
<input type="checkbox"/> Footling				Slab				
<input type="checkbox"/> Foundation				Frame				
<input type="checkbox"/> Frame				Barrier-Free				
<input type="checkbox"/> Other				Insulation				
Joint Plan Review Required:				Finishes				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Energy				
SUBCODE APPROVAL				Mechanical				
<input type="checkbox"/> CO	<input type="checkbox"/> OCCO	<input type="checkbox"/> CA		TCO				
Date: _____				Other				
Approved by: _____				Final				
				Barrier-Free				

**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) \$ \_\_\_\_\_

*Total of Demo*

**C. CERTIFICATION IN LIEU OF OATH**

*Contractor needs Sign.*

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

[Empty box for technical site data description]

**TYPE OF WORK:**

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence
- Sign
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other
- Demolition

**FEE (Office Use Only)**

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>