



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____
 2. Name of Owner in Fee: _____ Tel. (____) _____
 Address _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____ Tel. (____) _____
 Address _____

4. Principal Contractor: _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 5. Architect or Engineer _____ Tel. (____) _____
 Address _____
 6. Responsible Person in Charge of Work _____
 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. DCA Training 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. 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"/> Alteration								
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. Subct. B								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)
 2. Multi-Family (R-2)
 3. Two-Family (R-3) BOCA
 4. Two-Family (R-4) CABO
 5. One-Family (R-3) BOCA
 6. One-Family (R-4) CABO

No. of dwelling units: _____
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

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

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. 5:32-2.15(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 Ave CN 100
Ocean Gate NJ 08740
732 269 3166 Ext 25

CONSTRUCTION PLAN REQUIREMENTS

The plans included in your submission for a construction permit shall contain the following information:

1. Two sealed sets of drawings shall bear the seal and signature of an Architect or Engineer who prepared the plans and is registered in the state of NJ. A homeowner who occupies the structure may draw their own plans, but must sign each sheet of plans. The plans shall show the foundation, floor plan with the designated use of each room, elevations in hazardous flood zones, include structural framing notes for all floors, ceilings and roofs. Include a loading schedule indicating live, dead, snow and wind loads for which the structure is designed. Include material schedule for finished rooms, doors, lumber species and grades.
2. Details:
 - a. Building: Provide a cross section through one typical wall unless more are required of a unique condition. Show construction details from footings up to and including roof framing. This section shall indicate all construction materials used including roofing, vapor barriers, sheathing type and thickness, windows, glazing type if other than standard glazing is used, interior finish material, floor type and thickness, structure foundation and footings sizes. Provide a REScheck for residential buildings or COMcheck for commercial building Compliance Certificate as required by the New Jersey Subcode, signed and sealed by an architect. Download this program at www.energycodes.gov.
 - b. Electrical: Plans shall indicate lighting, receptacles, motors and equipment, smoke detectors, service entry locations, size and type (overhead or underground), panel size and location, number of proposed circuits, conduit and breaker sizes. A symbol legend shall be included.
 - c. Plumbing: Plans shall indicate the location of all fixtures including the water heater. The plumbing contractor shall provide isometric drawing of the drainage system. For commercial structures, provide an isometric drawing showing all water pipe sizes.
 - d. Mechanical: Plans shall indicate the type and location of all heating equipment and fuel tanks. Provide heat loss calculations for all types of heating systems. Provide a single line drawing showing the size and location of all heating ducts for warm air heating systems by the contractor or architect. For gas burning appliances, provide an isometric drawing showing the lengths, sizes of all pipes and the b.t.u. input of each appliance.
 - e. Engineering: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed as permitted by N.J.A.C. 5:23-2.15 (e) 1. vi. For commercial structures, plans shall indicate how required structural and fire-resistive rating will be maintained for penetrations made for electric, plumbing, and communication conduits, pipes and systems.
3. Provide a copy of the plumbing and electrical contractor license issued by the State of NJ. This will be kept on file and will not be necessary again unless their license expires or is revoked.
4. The initial prototype submission shall contain all the information above. Each subsequent submission shall contain all prior approvals and a letter from the architect authorizing use of the plans.

Before signing the Certification in Lieu of Oath indicating that you are performing the work yourself, please consider the following:

1. The laws requiring new home builders to be registered and contractors in the various trades, such as plumbing or electrical work, to be licensed were adopted to protect homeowners and homebuyers. If you are signing this Certification to provide cover to an unlicensed homebuilder or contractor, you are forfeiting the protection afforded to you under the law. The contractor that you have hired may or may not be qualified. And if you encounter problems with this contractor, the government will not be able to help you because you signed the Certification indicating that you are performing the work yourself.

In the case of the construction of a new home, you are forfeiting your right to a new home warranty. Every new home builder in New Jersey is required to be registered with the State and to give a warranty to each purchaser. The warranty covers almost all defects in workmanship or materials, including appliances, for the first year; plumbing, mechanical (heating and air conditioning), and electrical systems for the first two years; and major structural defects for ten years. Further, the warranty will actually pay for the correction of defects if the builder fails or refuses to do so. By signing the Certification, you are giving up that protection.

2. You are violating the criminal laws of this State if you sign the Certification indicating that you are doing the work yourself when, in fact, you are paying someone else to do it.

Construction Department

Borough of Ocean Gate

801 Ocean Gate Avenue

Ocean Gate NJ 08740

INSPECTIONS WHEN REQUIRED

Inspections required for the following:

- Any electrical repair or replacement of flooded Service equipment or wiring as well as newly installed
REQUIRE INSPECTIONS ON THIS ITEM BEFORE COVERING & FINAL INSPECTION

- Replacement of electric heat
REQUIRE FINAL INSPECTION

- Replacement of Hot water heater electric or gas
REQUIRE FINAL INSPECTION

- Replacement of Furnace , Boiler
REQUIRE FINAL INSPECTION

- Replacement of any structural components of the structure these may occur in roof, walls or floor system.
REQUIRE INSPECTIONS ON THIS ITEM BEFORE COVERING

- Replacement of insulation in any areas of the dwelling over 4' high of replacement
REQUIRE INSPECTIONS ON THIS ITEM BEFORE COVERING

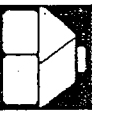
- Repair and replacement of decks, steps
REQUIRES FRAMING CONNECTION AND FINAL INSPECTION

- Replacement of siding or roof for more than 25% of structure
REQUIRE FINAL INSPECTION

You must call this office to request inspection leave contact number if no live answer.



**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 _____ state _____ municipality _____ zip code _____

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

Address _____ e-mail _____ Exp. Date _____

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

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

JOBSUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Date: (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			<input type="checkbox"/> Footing					
<input type="checkbox"/> All			<input type="checkbox"/> Footing Bonding					
<input type="checkbox"/> Footing			<input type="checkbox"/> Foundation					
<input type="checkbox"/> Foundation			<input type="checkbox"/> Slab					
<input type="checkbox"/> Frame			<input type="checkbox"/> Frame					
<input type="checkbox"/> Other			<input type="checkbox"/> Truss Sys/Bracing					
<input type="checkbox"/> Joint Plan Review Required:			<input type="checkbox"/> Barriers/Free					
<input type="checkbox"/> Elec	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	<input type="checkbox"/> Insulation				
<input type="checkbox"/> Finishes-Base Layer								
<input type="checkbox"/> Finishes-Final								
<input type="checkbox"/> Energy								
<input type="checkbox"/> Mechanical								
<input type="checkbox"/> TCO								
<input type="checkbox"/> Other								
<input type="checkbox"/> Final								
<input type="checkbox"/> Barrier/Free								

Subcode Approval: _____ Date: _____

Approved by: _____

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. Rehabilitation \$ _____

3. Total (1+2) \$ _____

U.C.C. F10
(rev. 7/05)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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.

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	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 _____ 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 \$ _____



**PLUMBING
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. _____ Federal Emp. No. _____

B. 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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		Initial
Joint Plan Review Required:	Type:	Failure	Failure	Approval		
<input type="checkbox"/> No Plans Required	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____	_____
Date: _____	Fixtures	_____	_____	_____	_____	_____
Approved by: _____	Gas Equipment	_____	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____	_____
	Solar	_____	_____	_____	_____	_____
	TCO	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____

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.

Signature — Contractor's Seal

Licensed Plumbing Contractor Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____



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. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System
 Constr. Class Present _____ Proposed _____ New [] Existing []
 Heating Systems [] New [] Existing [] HVAC Location of Panel: _____
 Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System
 [] Other _____ New [] Existing []
 Location: _____ Location of Main Control Valve: _____
 Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Approval	
[] 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	Final	_____	_____
Date: _____	Other	_____	_____
Approved by: _____		_____	_____

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:
 Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
 [] LPG [] LNG Capacity _____ Fuel _____
 Alarm Systems [] 110v Interconnected NUMBER _____
 [] System
 Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
 Supervisory Devices (i.e., lamps, low/high air) _____
 Signaling Devices (i.e., horns/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 _____
 Halon Suppression _____
 Other _____

Kitchen Hood Exhaust System _____
 Smoke Control System _____
 Gas [] or Oil [] Fired Appliances _____
 Other _____

FEES (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____



**CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT**

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant _____

Certifying Individual _____ Company _____

Address _____
Street City State Zip Code

Tel. _____

Check the Appropriate Box

Type of Replacement:

- Oil to Gas Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other _____

Existing Vent/Chimney:

- B Label Vent
- L Label Vent
- Masonry Chimney — Tile Lined
- Flexible Liner
- Power Vent/Exhauster
- Other _____

**PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION**

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstructions and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstructions. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION

THE FOLLOWING INSPECTIONS SHALL BE REQUIRED BUT NOT LIMITED TO:

1. **FOOTINGS:** Bottom of all footing trenches before pouring. Steel rods (if required) must be in place.
2. **MASONRY BASEMENT WALLS:** Foundation walls and pilasters must be inspected at midpoint of height.
3. **TOP OF FOUNDATION CERTIFICATION:** Required for all new structures of any type of foundation system. Provide (3) foundation as-built plans sealed by your engineer or surveyor, showing the top of the foundation height and setbacks from each corner.
4. **MASONRY FOUNDATION:** After approval of your Top of Foundation Certification. Masonry foundations walls to be inspected before backfilling.
5. **PILING FOUNDATION:** Foundations constructed using pilings require a **Pile Log** signed and sealed by a New Jersey Architect or Engineer. The Top of Foundation Certification must be approved before #11 SHEATHING INSPECTION or # 7 SET UP INSPECTIONS.
6. **OPEN DECK:** Floor joists and load bearing points installed before sub-floor is installed for crawl spaces less than six feet (6') clearance from floor or grade to bottom of floor joists and basements.
7. **SET UP INSPECTIONS: MODULAR AND PRE-MANUFACTURED HOMES** must schedule an inspection after the units are installed before siding is installed. All exterior connections to be installed.
8. **SLAB ROUGH PLUMBING:** Underground plumbing before covering with required testing.
9. **SLAB ROUGH ELECTRIC:** Underground electric wiring and or conduit before covering.
10. **PRE-SLAB:** Preparation of slab before pouring. Not required for basement or garage slabs.
ITEMS LISTED ABOVE MUST BR APPROVED BEFORE SCHEDULING THIS INSPECTION.
11. **SHEATHING:** Nailing of roof and sidewalls before roofing and siding is installed. All exterior strapping floor to floor, floor to foundation as per approved plans. Windows and exterior doors may be installed.
12. **ROUGH PLUMBING:** All roughing completed with required test. Gas piping to be installed and tested.
13. **ROUGH ELECTRIC:** All roughing to be completed including alarms and security system wiring. Wires in boxes to be skinned and slices completed without outlets or switches. All wiring completed from electric service weather head, meter box, and to panel box.
14. **FIRE SUPPRESSION SYSTEM:** Sprinkler piping completed with required test, kitchen exhaust hood and suppression system test. Contact Fire Subcode Official for other required inspections.
15. **ROOF TRUSSES:** Roof layout sheets with signed and sealed roof truss drawings to be on site for this inspection. Truss to wall strapping required.
16. **FRAME:** All exterior doors, windows, components, siding and roofing installed. All heating ducts to be installed. All brace and sheer wall connections to be completed. *THIS INSPECTION WILL NOT BE PERFORMED UNTIL ALL REQUIRED INSPECTIONS (1 THRU 14) HAVE BEEN APPROVED.*
17. **INSULATION:** Insulation installed and inspected before covering.
18. **WELL:** Well to be inspected by Ocean County Health Dept. Call 732-341-9700
19. **PUBLIC WATER SUPPLY LINES:** Water line turned on from curb to house before covering.
20. **SEPTIC TANK:** Tank installation to be inspected by Ocean County Health Dept. Call 732-341-9700
21. **SEPTIC/SEWER LINES:** Sewer line from house to septic system or curb lateral before covering.
22. **FUEL TANK & LINES:** Oil tanks and lines with required air test before covering. Propane tanks and tested supply line before covering. Propane tanks other than R-3 to be inspected by Department of Labor.
23. **CURB INSPECTION:** Curbing forms installed before pouring concrete. Call CME Assc. Engineers at 732-462-7400 for this inspection.
24. **FINAL ELECTRIC:** Electric turned on to all outlets and fixtures with light bulbs installed.
25. **FINAL PLUMBING:** All fixtures in place and working order. Water heater to be operating. If a backflow device is installed for water protection, a test of the device witnessed by our department is required.
26. **FINAL FIRE:** Heating system, smoke detectors, sprinkler fire suppression systems, hood systems, fire alarms, standpipes, and others must be completed and operating.
27. **FINAL BUILDING:** All floors to be covered and interior and exterior finished. Provide an **Elevation Certificate** in floodplain management areas as designated by the Flood Insurance Rate Map.