

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.

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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: Public Private Municipal ZIP code _____
 Address _____ Tel. (_____) _____ e-mail _____
 4. Principal Contractor: _____ Tel. (_____) _____ e-mail _____
 Address _____
 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: (_____) _____

IIa. PROPOSED WORK

- Minor Work
 Repair
 Asbestos Abat. -Subch. 8
 New Building
 Alteration
 Addition
 Demolition
 Lead Hazard Abatement
 Radon Remediation
 Annual Permit
 Reconstruction

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES (Check all that apply)	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	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									

III. PLAN REVIEW (optional)

- DO YOU WANT:**
 Partial Releases
 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. LP Gas Tanks
 12. Fire Alarm

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. Cent. 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. 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: _____
 3. Change in Use Group, Indicate Present: _____
 4. No. of dwelling units: Total Units Income-restricted
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)
 1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____

C. MIXED USE -Last 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 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.



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 _____ multiplicity _____ Tel. (_____) _____ zip code _____

Contractor: _____ 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
<input type="checkbox"/> No Plans Required			Footings				
<input type="checkbox"/> All			Footings 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	Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
SUBCODE APPROVAL for CERTIFICATE			Finishes -Final				
Date: _____			Energy				
Approved by: _____			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
Date: _____			Other				
Approved by: _____			Final				
			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:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

New Building

Addition

Rehabilitation

Roofing

Siding

Fence _____ Height (exceeds 8') _____ Sq. Ft.

Sign _____ Sq. Ft.

Pool

Retaining Wall _____ Sq. Ft.

Asbestos Abatement Subchapter 8

Lead Haz. Abatement NJAC 5:17

Radon Remediation

Other _____

Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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

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