



Township of Little Egg Harbor

665 Radio Road

Little Egg Harbor, New Jersey 08087

Telephone: 609-294-9071 / Facsimile: 609-294-9065

When applying for demolitions and furnaces the following is required:

- Zoning application \$35.00 (check or money order)
- Copy of property survey or pictures
- Construction permit application
- Building subcode
- Letters of disconnect (all 5 utilities)
- Asbestos letter (if applicable)

Disposal receipt



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Phone: 609-294-9071 Fax: 609-294-9065

NOTICE TO ALL ZONING APPLICANTS

As per ordinance #25-4, section 17-2 any applicants applying for a Zoning permit to do any of the following home improvements: additions, fences, sheds, garages, swimming pools, patio's, sidewalks, planters, retaining walls, landscaping or any other use that could affect the flow of water from the property, are subject to a grading plan designed by a New Jersey Licensed Engineer.

The Little Egg Harbor Township Zoning Officer and the Township Engineer reserve the right to require a Grading Plan if they have determined that any structure, building or use has changed or may cause any adverse impact on any adjoining properties.

All New Home permits are required to have a grading plan approved by the Township Engineer.

FOR ALL APPLICATIONS IN THE FLOOD PLAIN:

All mechanical equipment (meter sockets, air conditioners, hot water heaters, etc.) that service the building, **MUST BE INSTALLED TO AN ELEVATION ABOVE FLOOD LEVEL (BFE) PLUS 3 FEET.**

It shall be a requirement for all construction in a Flood Hazard Area that the benchmark be carried from a known benchmark to a location on foundation or building structure. The benchmark shall clearly indicate the appropriate base flood elevation for the property. (Ordinance 185-20 entitled "Flood Hazard Areas")

Should the final site plan show the mechanical systems to be below the flood elevation and three feet of freeboard, systems must be elevated to meet flood plain regulations.

Verify that this has been read by initialing _____.

Mark Ellis

LEHT Zoning Officer/Flood Plain Manager

Print Name

Homeowner Signature

Date

Print Name

Builder Signature

Date

CALL BEFORE YOU DIG 1-800-272-1000

"OVER"



Township of Little Egg Harbor
ZONING APPLICATION
665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-9071 Fax: 609-294-9065

OFFICIAL USE ONLY

Date Received _____

Application No. _____

DATE: _____

OWNERS PHONE NUMBER: _____

OWNER EMAIL: _____

1. NAME OF OWNER: _____
2. OWNERS ADDRESS: _____
3. JOB SITE ADDRESS: _____
4. BLOCK: _____, LOT: _____
5. CONTRACTORS NAME: _____
 CONTRACTORS ADDRESS: _____
 CONTRACTORS PHONE NUMBER & EMAIL: _____
6. TYPE OF ZONING PERMIT IS DESIRED: _____
7. A CERTIFIED SEALED PLOT PLAN MUST ACCOMPANY ALL ZONING APPLICATIONS SHOWING ALL SET BACKS, STEPS, ACCESSORY BUILDINGS, MECHANICAL DEVICES SUCH AS AIR CONDITIONING UNITS, TOWERS, DRIVEWAYS, POOLS, ETC.
8. DESCRIBE IN DETAIL THE ACTIVITY OR ACTIVITIES TO BE CONDUCTED IN ANY PRINCIPAL BUILDING AND/OR ACCESSORY BUILDING. INCLUDING FENCE, DECK, ETC.

9. ELEVATION HEIGHT OF THE LOWEST PART OF THE FLOOR BEING APPLIED FOR. _____.
10. HEIGHT OF DECK FROM GROUND LEVEL, IF AROUND POOL GIVE DESCRIPTION AND MATERIAL:
 _____ DECK ACTUAL SIZE: _____
11. MAXIMUM PERCENT OF BUILDING COVERAGE _____.
12. WAS A VARIANCE APPLIED FOR _____ . RESOLUTION NO.: _____
13. SIZE OF BUILDING BEING APPLIED FOR: _____ . HEIGHT OF BUILDING BEING APPLIED FOR: _____.
11. (A) BUILDING HEIGHT MUST BE MEASURED FROM CURB LINE OR GUTTER AT STREET
 11. (B) ANY STRUCTURE MUST HAVE HEIGHT ELEVATION ON AN AS BUILT SURVEY TO THE HIGHEST POINT OF STRUCTURE, EXCLUDING CHIMNEY.
14. FENCES: HEIGHT _____ TYPE _____
15. A/C UNITS, PROPANE TANKS, OIL TANKS AND OTHER MECHANICALS MUST BE SHOWN ON SURVEY.
16. BUILDER MUST VERIFY THAT THE HEIGHT IS NOT GREATER THAN 35 FEET FROM THE GUTTER LINE OR CURB LINE. IN THE R-50 AND R-70 ZONES FROM THE AVERAGE ELEVATION FROM THE TOP OF THE CURB OR AVERAGE GUTTER ELEVATION. ALL OTHER ZONES AT THE AVERAGE FINISHED GRADE AT THE FRONT OF THE BUILDING, FLOOD ZONE 40 FEET.
17. FLOOD HAZARD AREAS WILL REQUIRE AN ELEVATION CERTIFICATE TO BE SUBMITTED:



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 _____
 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)

	Update	Update
1. Building	\$ _____	_____
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)

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. 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 _____

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)

	FOR OFFICE USE ONLY (Optional)							
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates 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								

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, Sale	_____	_____
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 -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

11. LPGas Tanks

12. Fire Alarm

13. Responder
Comm System

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, 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.



BUILDING SUBCODE TECHNICAL SECTION



Date Received Control # Date Issued Permit #

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. ()

Address 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)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE, and various inspection types like Insulation, Finishes, Energy, Mechanical, TCO, Other, Final, Barrier-Free.

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Constr. Class Present Proposed No. of Stories Height of Structure Area - Largest Floor New Bldg. Area/All Floors Volume of New Structure Max. Live Load Max. Occupancy Load

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 6') [] 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 \$