



## **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 finished basements the following is required:

- Construction permit application
- Building subcode
- Electrical subcode
- Plumbing subcode
- Fire Subcode
- Elevation Certificate ( if located in a flood zone)
- 3 sets of plans signed by the homeowner or 2 sealed NJ licensed designed professional and 1 unsealed
- Letter of acknowledgement



# 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: \_\_\_\_\_  
 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
 street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
 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 \_\_\_\_\_  
 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  New Building  Addition  Demolition  
 Repair  Alteration  Renovation  Reconstruction  
 Asbestos Abat. -Subch. § \_\_\_\_\_  Lead Hazard Abatement  Radon Remediation  Annual Permit

### IIb. SUBCODES

(Check all that apply)

Subcode	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	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:  
 1.  Partial Releases  
 2.  Priority/Pre Processing

### IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1.  Elevators/Escalators/Lifts/ 4.  Refrigeration Systems  
 2.  Partial Releases 5.  Cross-Connections/Backflow Preventers  
 3.  High Pressure Boilers 6.  Hazardous Uses/Places of Assembly  
 7.  Pressure Vessels 7.  Sprinklers/Standpipes  
 8.  Smoke Control Systems in Open Wells 12.  Fire Alarm  
 9.  Underground Storage Tanks 13.  Responder  
 10.  Swimming Pools, Spas and Hot Tubs  
 11.  LP Gas Tanks Comm System

### V. FEE SUMMARY (for office use only)

Item	Amount	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. BUILDINGSITE 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 \_\_\_\_\_ ft.  
 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, 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 \_\_\_\_\_

**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 \_\_\_\_\_

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)							
PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
		_____	_____	Type:	Failure	Failure	Approval
<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.	Insulation	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Finishes -Base Layer	_____	_____	_____
SUBCODE APPROVAL for PERMIT				Finishes -Final	_____	_____	_____
Date: _____				Energy	_____	_____	_____
Approved by: _____				Mechanical	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				TCO	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	Other	_____	_____	_____
<input type="checkbox"/>	CA	Date: _____		Final	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

U.C.C. F110  
(rev. 11/09)

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

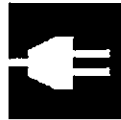
TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



**ELECTRICAL 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. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required		Rough	_____	_____	_____	_____
[ ] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
[ ] Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		Date of Grounding and Bonding Certification	_____	_____	_____	_____

**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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: \_\_\_\_\_

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



**Little Egg Harbor Township**

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 \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

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

Tele. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street Municipality Zip Code

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

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Estimated Cost of Plumbing Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

QTY.	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	_____
_____	LPGas Tank	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Seperator	_____
_____	Backflow Preventer	_____
_____	Greaseltrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW:**

No Plans Required

Partial - Under slab Utilities Approved:

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Plumbing Plans Approved

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Joint Plan Review Required:

Bldg.  Elec.  Fire  Elevator

**SUBCODE APPROVAL for PERMIT:**

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

**SUBCODE APPROVAL for CERTIFICATE:**

CO  CCO  CA

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**INSPECTIONS:**

Type: Failure Failure Approval Initial

Slab \_\_\_\_\_

Rough \_\_\_\_\_

Water \_\_\_\_\_

Fixtures \_\_\_\_\_

Sewer \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Gas Piping \_\_\_\_\_

LPGas Tank \_\_\_\_\_

Fuel Oil Piping \_\_\_\_\_

Solar \_\_\_\_\_

TCO \_\_\_\_\_

Final \_\_\_\_\_

**Dates (Month/Day)**

**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 the application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor  Exempt Applicant

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



**FIRE PROTECTION  
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. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems [ ] New [ ] Existing  
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Est. Cost of Fire Prot. Work \$ \_\_\_\_\_ [ ] Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[ ] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Suppression Test	_____	_____	_____	_____
[ ] Bldg.	[ ] Plumb.	Fire Alarm Test	_____	_____	_____	_____
[ ] Elec.	[ ] Elevator	Smoke Test	_____	_____	_____	_____
[ ] Fire Plans Approved		Mechanical	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved By: _____		Final	_____	_____	_____	_____
SUBCODE APPROVAL:		Other	_____	_____	_____	_____
[ ] CO	[ ] CCO	Other	_____	_____	_____	_____
[ ] CA			_____	_____	_____	_____
Date: _____			_____	_____	_____	_____
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 Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision \_\_\_\_\_  
Proprietary Supervision \_\_\_\_\_

Flammable Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
Combustible Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.P.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.N.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____
Smoke Detectors	_____	_____
Heat Detectors	_____	_____
TOTAL	_____	_____
Stand Pipes	_____	_____
Kitchen Hood Exhaust Systems	_____	_____
Pre-Engineered Systems		
CO2 Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____
Gas or Oil Fired Appliance	_____	_____
OTHER _____	_____	_____

Administrative Surcharge \$ \_\_\_\_\_  
Paid [ ] Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
Collected By: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_



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

**SLEEPING QUARTERS**

**Date:** \_\_\_\_\_

I \_\_\_\_\_ do hereby certify that the finished basement located at  
\_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ will not be used  
for/as sleeping quarters.

I further understand that using this space as sleeping quarters may hinder the evacuation  
route should an emergency arise.

\_\_\_\_\_  
Homeowner's signature

Notary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_