



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 an inground pool the following is required:

- Zoning application \$100.00 (check or money order)
- Survey/grading plan (done by a licensed engineer) show location and all setbacks
- Grading and drainage fees (2 separate checks 1 for \$75.00 and 1 for 200.00)
- Construction permit application
- Building subcode
- Electrical Subcode
- Plumbing subcode
- 3 sets of plans signed by the homeowner or 2sealed by a NJ licensed professional and 1 unsealed
- Fence type



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665 Radio Road
Little Egg Harbor, New Jersey 08087
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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Minor Work | <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Alteration | <input type="checkbox"/> Renovation | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Asbestos Abat. -Subch. 8 | <input type="checkbox"/> Lead Hazard Abatement | <input type="checkbox"/> Radon Remediation | <input type="checkbox"/> Annual Permit |

IIb. SUBCODES

(Check all that apply)

- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection

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. <input type="checkbox"/> Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> High Pressure Boilers | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks | 13. <input type="checkbox"/> Responder |
| 3. <input type="checkbox"/> Pressure Vessels | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs | Comm System |
| | 7. <input type="checkbox"/> Sprinklers/Standpipes | 11. <input type="checkbox"/> LPGas 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(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 Bulder 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)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <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.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

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 \$

Table with columns: JOB SUMMARY (Office Use Only), PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Partial -Underslab Utilities Approved, Electric Plans Approved, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Table with columns: QTY., SIZE, ITEMS, FEE (Office Use Only). Lists items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors—Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel, and various electrical units.

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/Blidet	_____
_____	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	_____
_____	Greasetrapp	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial - Underslab Utilities Approved:	Slab	_____	_____	_____	_____
Date: _____ Approved By: _____	Rough	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____ Approved By: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Sewer	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT:	Gas Piping	_____	_____	_____	_____
Date: _____	LPGas Tank	_____	_____	_____	_____
Approved By: _____	Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE:	Solar	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	_____	_____	_____	_____
Approved By: _____	Final	_____	_____	_____	_____
Date: _____		_____	_____	_____	_____

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	\$ _____
TOTAL	\$ _____