



**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 Water/Sewer connections the following is required:

- Construction permit application
- Plumbing subcode
- Permit approval slip from the Municipal Utilizes Authority



# 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 \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ e-mail \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_ 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 \_\_\_\_\_ Tel. \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail \_\_\_\_\_

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Approval	Rejection	Re-viewer

### IIb. SUBCODES

(Check all that apply)

- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

TOTAL COST \_\_\_\_\_

### 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/
- 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
- 13.  Responder Comm System

### 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. Cert. 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, 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.**



**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 \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ Municipality \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contractor \_\_\_\_\_ e-mail \_\_\_\_\_ Tele: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
Contractor \_\_\_\_\_ 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 \$ \_\_\_\_\_

**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:		Dates (Month/Day)	
Type:	Failure	Failure	Approval Initial
Slab	_____	_____	_____
Rough	_____	_____	_____
Water	_____	_____	_____
Fixtures	_____	_____	_____
Sewer	_____	_____	_____
Gas Equipment	_____	_____	_____
Gas Piping	_____	_____	_____
LPGas Tank	_____	_____	_____
Fuel Oil Piping	_____	_____	_____
Solar	_____	_____	_____
TCO	_____	_____	_____
Final	_____	_____	_____

**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

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

QTY.	FIXTURE/EQUIPMENT	FREE (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/Separator	_____
_____	Backflow Preventer	_____
_____	Greaseltrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-130 (rev/12/07)

1. White - Inspector Copy  
2. Canary - Office Copy  
3. Pink - Office Copy  
4. Gold - Applicant Copy