

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 sheds over 200sqft the following is required:

	Zoning application \$35.00 (check or money order)
	Copy of property survey indicating location and setbacks
	Construction permit application
	Building subcode
	Specifications on shed (if pre-fab or 3 sets of plans signed by the homeowner or 2
	sealed a licensed professional and 1 unsealed
	Footing specifications (2 sets of plans signed by the homeowner or 2 sets sealed by a NJ
	licensed professional)
П	Flectrical subcode (if adding electric to shed)



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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 initiali	ng	
John Cooley Director of the Department of Commun Zoning Officer Flood Plain Administrator	ity Development	
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: 609-294-7241 Fax: 609-294-9065

OFFIC	CIAL USE ONLY
Date Received	
Application No)

DA	ГЕ:		
	WORK CITE		
		, LOT:	
			EMAIL:
4.			PHONE #
	ADDRESS:		EMAIL:
5.		ESSORY BUILDINGS, MECHANICAL D	ONING APPLICATIONS SHOWING ALL EVICES SUCH AS AIR CONDITIONING
6.	TYPE OF WORK (I.E. FEN	CE DECK):	
		THE LOWEST PART OF THE FLOOR BE GROUND LEVEL, IF AROUND POOL C DECK ACTUAL SIZE:	IVE DESCRIPTION AND MATERIAL:
9.	MAXIMUM PERCENT OF	BUILDING COVERAGE	<u>.</u>
10.	WAS A VARIANCE APPLI	ED FOR: RESOLUTION NO).:
11.	SIZE OF BUILDING BEING	G APPLIED FOR: HEIGHT OF BUILDIN	G BEING APPLIED FOR:
	(B) ANY STRUCTURE M	MUST BE MEASURED FROM CURB I UST HAVE HEIGHT ELEVATION ON RUCTURE, EXCLUDING CHIMNEY.	
12.	FENCES: HEIGHT	TYPE	
13.	A/C UNITS, PROPANE TA SURVEY.	ANKS, OIL TANKS AND OTHER MEC	CHANICALS MUST BE SHOWN ON
14.	GUTTER LINE OR CURE		TER THAN 35 FEET FROM THE S FROM THE AVERAGE ELEVATION VATION. ALL OTHER ZONES AT THE

AVERAGE FINISHED GRADE AT THE FRONT OF THE BUILDING, FLOOD ZONE 40 FEET.

15. FLOOD HAZARD AREAS WILL REQUIRE AN ELEVATION CERTIFICATE TO BE SUBMITTED:

DIOCK	LOT	QUALIFICATION CODE	AL
BLOCK	LOI	_ GOVER IOVIDOR GODE	 ,,,

QUALIFICATION CODE .	
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V. FEE SUMMARY (for office use only)

1. Building 2. Electrical

3. Plumbing

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Update

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TIME.	OBV CONSIDER THE
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CONSTRUCTION PERMIT APPLICATION

ONEGEN COSSIST	CODE		<i>-</i> \11\					re Protection		
plicant Completes: Sections	s I, II, III (optio	nal), IV, VI, an	id VII					levator Devices ubtotal		
IDENTIFICATION							1 1		te Plan R	eview \$
. Proposed Work Site at:								ubtotal		\$
. Name of Owner in Fee:								ate Permit Surd	charge Fe	e s
Tel		e-mail _	,					ubtotal ert, of Occupan	CV	<u> </u>
Address							12. 0	•	٠,	
street . Ownership in Fee: Publi	ic.	Private	nicipality		zip ı	code	13. T	OTAL		\$
. Principal Contractor:							VI. BUIL	DING/SITE CH	ARACTE	RISTICS (office use only)
			——·	a-mail			1 4 1/2	har of Clasic	_	I'
Address				5-man			2. H	eight of Structur	·e	ft.
					·		3. Ai	rea — Largest F	loor	sq. ft
License No. OR, if new hom	e, Builder Reg.	No		Ехр	o. Date		1 1	_		sq. ft.
Home Improvement Contrac	tor Registration	No. or Exemp	otion Reasor	n.	,		1 1			cu. ft
Federal Emp. ID No.				FAX:						
5. Architect or Engineer										
Address			e	-mail						State Approved HUD
Tel		FA	X:							sq. ft
6. Responsible Person in Cha										
Tel				·			E I			ft
(61,			<u> </u>				12. W	etlands yes		no
a.PROPOSED WORK										VII. DESCRIPTION OF BUILDING USE
Minor W	'ork		☐ New Bui	ilding	□ A	ddition		Demolition		A. RESIDENTIAL (primary use)
☐ Repair		[☐ Alteratio	n	□R	enovation		Reconstructi	ion	1. State Specific Use:
□ Anhanta	s AbatSubch. 8		Tilead Hat	zard Abatemer	nt ∏iRa	adon Reme	diation [Annual Perm	it	2. Use Group, Proposed:
∐ Aspestos	S AbatOuben. 9	·	_ Loud i idi		FFICE USE C					3. Change in Use Group, Indicate Present:
b. SUBCODES	Est. Cost	Plans	Date	Rejection	Approval	Re-		ission Dates	Re-	4. No. of dwelling units: Total Units Income-restricted
(Check all that apply)	Est. Cost	Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	Gained, Sale
Building										Gained, Rental
F1 F1 Lui1							*			Lost, Sale
☐ Electrical				<u> </u>	<u>-</u>		·			Lost, Rental
☐ Plumbing						1				B. NON-RESIDENTIAL (primary use)
_		-								1. State Specific Use:
☐ Fire Protection					<u> </u>	4	· · · · · · · · · · · · · · · · · · ·			2. Use Group, Proposed: 3. Change in Use Group, Indicate Present:
☐ Elevator	ļ		1		1	1		'	. ;	C. MIXED USE -List secondary use(s):
TOTAL COST		· · · · · · · · · · · · · · · · · · ·	<u>t </u>	.1	<u> </u>	! ,	·		<u> </u>	D. Construct. Classification: Present
					CONTAIN	NV OF THE		NC2		Proposed
III. PLAN REVIEW (optiona	ii)			UR BUILDING					l Carales	Control Systems in Open Wells 12. ☐ Fire Alarm
DO YOU WANT:	ļ	1. Eleva	tors/Escalat waiters/Mov	ors/Litts/ 4. /ing Walks 5.	. ☐ Refrigera					round Storage Tanks 12. Responder
 □ Partial Releases □ Prototype Processing 		2. High 8		ilers 6.	. 🔲 Hazardo	us Uses/Pl	aces of Asse	embiy 10. 🗆	Swimmi	ing Pools, Spas and Hot Tubs Comm System
A. I LINDIA LINCESSING	[]	3 T Proce	ura Vassale	7	□ Sprinkler	rs/Standnin	es	11 □	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.

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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.
	I further certify that I will perform or supervise the following work: () Building C.2. () Fire Protection
	her certify that I will perform the following work: () 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.
and loca	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, prior approvals, including such certification as the construction official may require, have been given or will be given emit issuance.
l unders	and that if any of the above statements are willfully false, I am subject to punishment.
Signatur	e Date
II. AG	INT SECTION (to be completed if the applicant is not the owner in fee)
	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authothe owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
and loca	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, prior approvals, including such certification as the construction official may require, have been given or will be given ermit issuance.
	o advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation omply with all New Jersey tax laws.
I unders	and that if any of the above statements are willfully false, I am subject to punishment.
() CI	eck if contractor.
Agent N	ame

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

Telephone _____

Signature_____



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
Vork Site Location	
Owner in Fee:	
Ге́І. ()	e-mail
Address	
	municipality zip code
	e-mail
audi 000	C-Hidii .
Contractor License No. or Builder Registration	n No Exp. Date
	No, or Exemption Reason (if applicable):
ederal Emp. ID No.	· · · · · · · · · · · · · · · · · · ·
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial	INSPECTIONS Dates (Month/Day)
[] No Plans Required	Type: Failure Failure Approvat Initia
[] All	Footing
[] Footings/Foundations	Footing Bonding
[] Structural/Framework	Foundation
[] Exterior	Frame
[] Interior	Truss Sys./Bracing
Joint Plan Review Required:	Barrier-Free
[] Elec. [] Plumb. [] Fire [] Elevate	or Insulation
SUBCODE APPROVAL for PERMIT	Finishes -Base Layer
Date:	
Approved by:	_ Energy
SUBCODE APPROVAL for CERTIFICATE	Mechanical
[] CO [] CA	TCO
Date:	Final
Approved by:	Barrier-Free
BUILDING CHARACTERISTICS	Damer-1 ree
Use Group Present Proposed	Constr. Class Present Proposed
No. of Stories	
Height of Structure	
Area — Largest Floor	
New Bldg. Area/All Floors	
/olume of New Structure	
Max. Live Load	3. (Otal (1 · 2) +

Date Received Control #

Date Issued Permit #

Ξ.	CER'	TIFIC	ation	IN LIEU	OF.	OATH

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) S
Minimum Fe State Permit Surcharge Fe	e \$e \$

4 Gold = Applicant Copy

3 Pink = Office Copy





A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

Block Lot Lot Work Site Location	Qualif	ication Code
Owner in Fee: Tel. () Addressstreet Contractor: Address	e-mail municipality Tel	zip code
Contractor License No Home Improvement Contractor Registration Federal Emp. ID No	No. or Exemption Reason (if ap	pplicable):
B. ELECTRICAL CHARACTERISTICS Use Group ' Present [] Pole/Pad # [Building Occupied as Est. Cost of Elec. Work \$] Temporary [] Oth Utility Co	er
JOB SUMMARY (Office Use Only) PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required [] Partial -Underslab Utilities Approved Date: Approved by: [] Electric Plans Approved Date: Approved by: Joint Plan Review Required: [] Bldg. [] Plumb. [] Fire. [] Elev. SUBCODE APPROVAL for PERMIT Date: Approved by: SUBCODE APPROVAL for CERTIFICATE [] CO [] CO [] CA Date:	Rough Barrier-Free Trench Temp. Serv. Constr. Serv. TCO	
Approved by:	Date of Grounding and Bondin Certification	

Date Received Control# Date Issued Permit #

	eal her	B:	
Print name			
[] License	d Elec.	. Contractor [] Certif'd Landscape Irrigati	on Cont'r [] Exempt Appli
D. TECHI	NICAL	SITE DATA-	/ armenne de
DESCRIPT	ION O	F 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	l
		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	

TOTAL FEE \$ _____