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

Township of Little Egg Harbor
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 _____.

John Cooley
Director of the Department of Community Development
Zoning Officer
Flood Plain Administrator

Print Name	Homeowner Signature	Date
Print Name	Builder Signature	Date

CALL BEFORE YOU DIG 1-800-272-1000

"OVER"

6/26/24

Township of Little Egg Harbor
ZONING APPLICATION
665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-7241 Fax: 609-294-9065

OFFICIAL USE ONLY

*Date Received*_____

Application No. _____

DATE: _____

1. WORK SITE:_____
2. BLOCK:_____, LOT: _____
3. NAME OF OWNER:_____ PHONE #: _____

   PRIMARY ADDRESS: _____ EMAIL: _____
4. CONTRACTORS NAME:_____ PHONE #_____

   ADDRESS: _____ EMAIL: _____
5. 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.
6. TYPE OF WORK (I.E. FENCE DECK):_____

   _____
7. ELEVATION HEIGHT OF THE LOWEST PART OF THE FLOOR BEING APPLIED FOR. _____.
8. HEIGHT OF DECK FROM GROUND LEVEL, IF AROUND POOL GIVE DESCRIPTION AND MATERIAL: _____ DECK ACTUAL SIZE: _____
9. MAXIMUM PERCENT OF BUILDING COVERAGE _____.
10. WAS A VARIANCE APPLIED FOR: _____ RESOLUTION NO.:_____
11. SIZE OF BUILDING BEING APPLIED FOR: HEIGHT OF BUILDING BEING APPLIED FOR:_____.

    (A) BUILDING HEIGHT MUST BE MEASURED FROM CURB LINE OR GUTTER AT STREET
    (B) ANY STRUCTURE MUST HAVE HEIGHT ELEVATION ON AN AS BUILT SURVEY TO THE HIGHEST POINT OF STRUCTURE, EXCLUDING CHIMNEY.
12. FENCES: HEIGHT_____ TYPE _____
13. **A/C UNITS, PROPANE TANKS, OIL TANKS AND OTHER MECHANICALS MUST BE SHOWN ON SURVEY.**
14. **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.**
15. **FLOOD HAZARD AREAS WILL REQUIRE AN ELEVATION CERTIFICATE TO BE SUBMITTED:**

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ 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 pemit 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)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Date: _____ Reviewed by: _____		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.		
Date: _____ Reviewed by: _____		
SUBCODE APPROVAL for PERMIT		
Date; _____		
Released by: _____		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date: _____		
Released by: _____		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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 _____

Constr. Class Present _____ Proposed _____
If industrialized Building:
State Approved _____ HUD _____

Est Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1 + 2) $ _____

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.
Applicant/Contractor
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 $ _____

U.C.C. F110
(rev. 12/25)

1 White= Inspector Copy
2 Canary = Office Copy
3 Pink = 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. DR # _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Electric Plans Reviewed

Date: _____Reviewed by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.. [ ] Fire [ ] Elev.

Date: _____Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date:_____

Released by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Released by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier- Free				
Trench				
Generator				
Solar				
TCO				
Other				
Service				
Final				
Bond- Grid				

Cut-in-Card Issue Date (P) _____ (T) _____

Annual Pool Inspection _____

Grounding & Bonding Certification 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.

Applicant/Contractor

Sign and Seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA [ ] Licensed Contractor [ ] Exempt Applicant

DESCRIPTION OF ALL ELECTRICAL WORK:

QTY	SIZE	ITEMS
		Devices
		Detectors [ ] Smoke *OR* [ ] CO
		Light Poles/ Bollards. Height size _____
		Emergency & Exit Lights
		Alarm Devices/ F.A.C. Panel
		SEE ATTACHED LIST
		Pool Permit/ with UV Lights
		Storable Pool/Spa/ Hot Tub
		EV Charger KW
		PV Systems KW
		Energy Storage KW
		KW [ ]Range [ ] Dryer [ ] Water Heater [ ]Oven
		KW [ ] Dishwasher [ ] Garbage Disposal
		KW [ ] Central AC Unit *OR* [ ]Mini Split
		HP/KW [ ] Space Heater [ ] Air Handler [ ] Furnace
		KW Baseboard
		HP Motors
		KW Transformer/ Generator
		AMP Service
		Amp Subpanels
		AMP Disconnect/ ATS
		KW. Elec. Sign/Outline Light
		OTHER

FEE (Office Use Only)

$_____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

PLUMBING 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. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Plumbing Plans Approved		
Date: _____ Reviewed by: _____		
Joint Plan Review Required:		
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.		
Date: _____ Reviewed by: _____		
SUBCODE APPROVAL for PERMIT		
Date: _____		
Released by: _____		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date: _____		
Released by: _____		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas 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.

Applicant/Contractor
Sign and Seal here: _____
Print name here: _____

D. TECHNICAL SITE DATA [ ] Licensed Contractor [ ] Exempt Applicant

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	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease trap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge $_____
Minimum Fee $_____
State Permit Surcharge Fee $_____
TOTAL FEE $_____

U.C.C. F130
(rev. 12/25)

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