



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)
- ☐ Electrical 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 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:



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 _____

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)

- ☐ 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

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

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.



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. DR # _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
PLAN REVIEW		Type:				
[] No Plans Required		Rough				
[] Electric Plans Reviewed		Barrier- Free				
Date: _____ Reviewed by: _____		Trench				
Joint Plan Review Required:		Generator				
[] Bldg. [] Plumb. [] Fire [] Elev.		Solar				
Date: _____ Reviewed by: _____		TCO				
SUBCODE APPROVAL for PERMIT		Other				
Date: _____		Service				
Released by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Bond- Grid				
[] CO [] CCO [] CA						
Date: _____		Cut-in-Card Issue Date (P) _____ (T) _____				
Released by: _____		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 \$ _____