



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 Signs the following is required:

- ☐ Zoning application \$35.00 (check or money order)
- ☐ Copy of property survey indicating location and all setbacks
- ☐ Construction permit application
- ☐ Building subcode
- ☐ Electric subcode (if lighted)
- ☐ Specifications on sign
- ☐ 2 sets of plans sealed by a licensed professional



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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"



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 _____
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)

- ☐ 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
Comm System |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 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.



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 _____

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	INSPECTIONS		Dates (Month/Day)			
☐ No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial	
☐ All	_____	_____	Footings	_____	_____	_____	_____	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____	_____	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____	_____
☐ Exterior	_____	_____	Slab	_____	_____	_____	_____	_____
☐ Interior	_____	_____	Frame	_____	_____	_____	_____	_____
Date: _____ Reviewed by: _____			Truss Sys./Bracing	_____	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.			Insulation	_____	_____	_____	_____	_____
Date: _____ Reviewed by: _____			Finishes -Base Layer	_____	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Final	_____	_____	_____	_____	_____
Date: _____			Energy	_____	_____	_____	_____	_____
Released by: _____			Mechanical	_____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			TCO	_____	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			Other	_____	_____	_____	_____	_____
Date: _____			Final	_____	_____	_____	_____	_____
Released by: _____			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) \$ _____

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

Date Received

Control #

Date Issued

Permit #

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 \$ _____

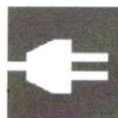
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL 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 _____

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:

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 _____

Dates (Month/Day)

Failure

Failure

Approval

Initial

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 \$ _____