

Borough of Ocean Gate
801 Ocean Gate Avenue – Ocean Gate, NJ 08740

N.J.A.C. 5:23-2.17 Demolition or removal of structures

1. Service connections:

*Water/sewer
must be
coordinated with
Liz Barger, ext. 10
Utility Collector
for cut n cap.*

Before a structure can be demolished or removed, the owner or agent shall notify all utilities having service connections within the structure, such as water, electric, gas, sewer and other connections. A permit to demolish or remove a structure shall not be issued until releases are obtained from all utilities that provided service to the property, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed or plugged in a safe manner.

2. Abandoned wells:

In the event that there is a well on the property a certification must be obtained from a well driller licensed by the Department of Environmental Protection indicating that the well has been sealed or temporarily capped in accordance with N.J.A.C. 7:9-9.

3. Notice to Adjoining Owners:

A copy of a written notice by the applicant must be provided to the township and sent to adjoining property owners for notification of wires or other facilities that may require temporary removal, such as electrical and/or cable wires.

4. Lot Regulations:

Whenever a structure is demolished or removed, the premises must be maintained free of unsafe or hazardous conditions by the proper regulation of the lot. Restoration of property condition to as good, or better than onset of work performed.

Asbestos Abatement:

A letter from one of the following: homeowner/contractor/ New Jersey licensed Architect, Engineer, Asbestos Abatement Contractor shall be provided stating whether the structure does or does not contain friable asbestos. The letter must also declare that the demolition shall meet USEPA 40 CFR 61 subpart M have been or shall be met. All asbestos, siding, roofing, and cement board require disposal receipt.

* * *



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 _____

Tel. (_____) _____

Address _____ e-mail _____

3. Ownership in Fee: ☐ Public ☐ Private ☐ Municipality ☐ Zip code _____

4. Principal Contractor: _____ Tel. (_____) _____ e-mail _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____ e-mail _____

Address _____ FAX: (_____) _____

Tel. (_____) _____

6. Responsible Person in Charge once Work has Begun _____ FAX: (_____) _____

Tel. (_____) _____

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

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/ 4. ☐ Refrigeration Systems
2. ☐ Dumbwaiters/Moving Walks 5. ☐ Cross-Connections/Backflow Preventers
3. ☐ High Pressure Boilers 6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Pressure Vessels 8. ☐ Smoke Control Systems in Open Wells 12. ☐ Fire Alarm
9. ☐ Swimming Pools, Spas and Hot Tubs
10. ☐ LP Gas Tanks

U.C.C. F1000-1 (rev. 8/08)

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. Cent. 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 _____

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 (last secondary use): _____

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 have been given, including such certification as the construction official may require.

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 have been given, including such certification as the construction official may require.

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. 5:17.



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. (____) _____ e-mail _____

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

☐ Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

☐ SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

Barrier-Free

Insulation

Finishes -Base Layer

Finishes -Final

Energy

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Other

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**Borough of Ocean Gate
801 Ocean Gate Avenue – Ocean Gate, NJ 08740**

Demolition Permit Requirement - Schedule A - Debris and Removal

Site Address: _____	Block/Lot: _____
Name: _____	Contractor: _____
Address: _____	Address: _____
Town/State/Zip: _____	Town/State/Zip: _____

1. Description of construction material to be removed (include quality and nature)

2. Person responsible for the removal of debris (supply name, address and phone)

3. If commercial pickup, supply name, address and phone of hauler and dumpster site

4. Proposed destination of discarded materials

Re: Block/Lot: _____
Address: _____
City, State and Zip: _____

I, _____, owner/agent of the property stated above do hereby certify that all stated requirements will be executed as per code N.J.A.C. 5:23- 2.17.

Sworn to and subscribed before me

this _____ day of _____

20_____.

Notary Public of the State of New Jersey