

Plumsted Township-Construction Office
PERMIT APPLICATION OR UPDATE

Call Before You Dig 811 or 1-800-272-1000

Date Received _____

GENERAL INFORMATION:

Control/Permit No. _____

1. Block. _____ Lot _____
2. Work Location _____
3. Owner's Name _____
Mailing address _____
Phone # () _____ email _____
4. Contractor _____
Address _____
Phone # () _____ email _____
Lic No. or Bldg. Reg. No. _____
5. Fed. Emp. No. _____ (or) SSN# _____

BUILDING SECTION:

Description of work:

6. _____ New Building _____ Siding
_____ Addition _____ Demolition _____ Elevator
_____ Alteration _____ Sign (_____ Sq.Ft.) _____ Asbestos Abatement
_____ Roofing _____ Pool other _____
7. No. of Stories _____ **Area—Largest Floor _____ (Sq. Ft.)**
8. Height of structure _____ (Ft.) **Volume of Structure _____ (Cu.Ft.)**
New Building. Area/All Floors _____ (Sq. Ft.)
9. **Cost of Building Work:**
1. Alterations \$ _____ 2. New Building \$ _____
3. Other \$ _____ 4. Total (1,2,3) \$ _____

10. **CERTIFICATION IN LIEU OF OATH:** I hereby certify that I am the agent of/owner of record and am authorized to make this application and perform the work listed on this application.

Signature _____

ELECTRICAL SECTION: Write the number of items to the left of name and, where indicated, YOU MUST write number of AMPS, KW, and HP.

11. Contractor _____ (seal)
Address _____
Phone # () _____ Fed. Emp. # _____ Lic. # _____
12. _____ Fixtures _____ Pool Permit w/UW Lights _____ Baseboard Heat
_____ Receptacles _____ Storable Pool/Spa/Hot Tub _____ HP Motors 1/+HP
_____ Switches _____ KW Elec. Range/Receptacle _____ KW Transfer./Generator
_____ Detectors _____ KW Oven/Surface Unit _____ AMP Service
_____ Light Poles _____ KW Elec. Water Heater _____ AMP Subpanels
_____ Motors/Frac HP _____ KW Elec. Dryer/Receptacle _____ AMP Motor Cont. Cent.
_____ Emerg. & Exit Lights _____ KW Dishwasher _____ KW Elec. Sign
_____ Communications Points _____ Garbage Disposal _____ Other _____
_____ Alarm Devices/FAC Panel _____ Central A/C Unit _____ Other _____
_____ TOTAL NUMBERS _____ HP/KW Space Heater/Air Handler

13. **Cost of Electrical Work \$** _____

14. **CERTIFICATION IN LIEU OF OATH:** I hereby certify that I am the (agent of) owner of record and am authorized To make this application and perform the work listed on this application.

Signature _____

_____ Exempt Appl. _____ Licensed Elec. Contr./Seal

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GENERAL INFORMATION

15. Block _____ Lot _____

Control/Permit # _____

Work Location _____
 Owner's Name _____
 Mailing Address _____
 Tele. () _____ E-Mail _____

PLUMBING SECTION: Description of work _____

16. Contractor _____
 Address _____

Tele. () _____ Fed. Emp. # _____ Lic. # _____
 No. No. No.

- | | | |
|-------------------------|-----------------------------|--------------------------------|
| 17. _____ Water Closet | _____ Washing Machine | _____ Backflow Preventer |
| _____ Urinal/Bidet | _____ Hose Bib | _____ Grease Trap |
| _____ Bath Tub | _____ Water Heater | _____ Sewer Connection |
| _____ Lavatory | _____ Fuel Oil Piping | _____ Water Service Connection |
| _____ Shower | _____ Gas Piping | _____ Stacks |
| _____ Floor Drain | _____ Steam Boiler | |
| _____ Sink | _____ Hot Water Boiler | Other _____ |
| _____ Dishwasher | _____ Sewer Pump | Other _____ |
| _____ Drinking Fountain | _____ Interceptor/Separator | |

18. **COST of PLUMBING WORK \$** _____

19. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on the application.

_____ Licensed Plumbing Contractor _____ Exempt Applicant _____ Signature/Contractor Seal _____

FIRE SECTION: Description of Work: _____

20. Contractor _____ Fed. Emp. # _____
 Address _____

Tele. # () _____ Lic. # _____
 Water Supply Source _____ Method of Valve Superv. _____
 Local Alarm Superv. _____ General Superv. _____

- | | | |
|---|---------------------------------------|------------|
| 21. Storage Tanks | | <u>No.</u> |
| Type: [] Flammable Liquid [] Combustible Liquid | Sprinkler Head (Dry and Wet) | _____ |
| [] LPG [] LNG Capacity _____ Fuel _____ | Standpipes | _____ |
| Alarm Systems [] 110v Interconnected | Pre-Engineered Systems: | |
| [] System | Wet Chemical | _____ |
| | Dry Chemical | _____ |
| Alarm Devices (smoke,heat,pulls,water/flow) _____ | CO2 Suppression | _____ |
| Supervisory Devices (tamper,low/high air) _____ | Foam Suppression | _____ |
| Signaling Devices (horns/strobes,bells) _____ | Halon Suppression | _____ |
| Other Devices _____ | Other _____ | _____ |
| TOTAL _____ | Kitchen Hood Exhaust System | _____ |
| | Smoke Control System | _____ |
| Supression systems: | Gas [] or Oil [] Fired Appliances** | _____ |
| Fire Pump _____ GPM Type _____ | Other _____ | _____ |
| Dry Pipe/Alarm Valves _____ | Other _____ | _____ |
| Pre-Action Valves _____ | | |

** What is the % of efficiency rated at? _____ %

22. **Cost of Fire Work \$** _____

23. CERTIFICATION IN LIEU OF OATH: I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature _____

**PLUMSTED TOWNSHIP
CONSTRUCTION OFFICE**

SEPTIC CERTIFICATION

Applicant Section:

Block _____ Lot _____

Owner: _____

Address: _____

Phone: _____

I am the owner of the property listed above and would like to apply for a construction permit to add or to alter (please circle one) my dwelling on this property. The dwelling presently has _____ bedrooms. The above construction will increase the amount of bedrooms by _____ which will result in a total of _____ bedrooms.

Applicant Signature: _____ Date: _____

.....
Construction Office Section:

Based on the above information and a review of the plans submitted, the above mentioned project will result in a total number of _____ bedrooms.

Signature: _____ Date: _____
Construction Official

❖ *If the above information indicates an increase in bedrooms then Ocean County Health Department will need to review the existing septic design for adequacy prior to the issuance of a building permit.*

**PLUMSTED TOWNSHIP
CONSTRUCTION OFFICE
AFFIDAVIT IN LIEU OF PERMIT**

The undersigned certifies that the residential dwelling located at:

Block: _____

Lot: _____

has at least one working Smoke alarm on each floor level including basement and a Carbon Monoxide alarm installed in the vicinity of all sleeping areas.

*Smoke and carbon alarms at ceiling installations can be combination (both in one unit) alarms.

*Both type alarms may be battery operated or hard wired interconnected. Carbon alarms may also be of the plug type.

*If bedrooms are located on each floor then multiple carbon alarms must be installed.

Smoke alarms must be UL 217 listed and labeled.

Carbon alarms must be UL 2034 listed and labeled.

(Carbon alarms need be installed only if residence contains fuel burning appliances or has attached garage)

Owner _____
PRINT NAME

Agent _____
PRINT NAME

Address _____

Address _____

SIGNATURE

SIGNATURE

Date

Date