



**City of Margate City**  
**Department of Building Inspection**  
 9001 Winchester Avenue  
 Margate City, New Jersey 08402  
 (609) 822-1974 Fax: (609) 822-2248  
 Email: [margate\\_inspection@margate-nj.com](mailto:margate_inspection@margate-nj.com)

PERMIT No:

M \_\_\_\_\_

## MUNICIPAL PERMIT APPLICATION

- ♦ A ZONING PERMIT MUST ACCOMPANY THIS APPLICATION- **Zoning Permit No.:** \_\_\_\_\_
- ♦ A SEPARATE STREET OPENING PERMIT IS REQUIRED FOR ANY WORK IN THE PUBLIC RIGHT OF WAY, INCLUDING SIDEWALK & CURB REPLACEMENTS!

**A. IDENTIFICATION:**

**SUBJECT**  
**PROPERTY ADDRESS:** \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Home Improvement License #: \_\_\_\_\_

**B. TYPE OF APPLICATION: Check all that apply and provide the estimated cost of each item:**

- |  |                     |                          |                      |
|--|---------------------|--------------------------|----------------------|
| <input type="checkbox"/> <b>FENCE:</b>                                   | Est. Cost: \$ _____ | Dimensions in Ft.: _____ | Height in Ft.: _____ |
| <input type="checkbox"/> <b>SHOWER ENCLOSURE:</b>                        | Est. Cost: \$ _____ | Dimensions in Ft.: _____ | Height in Ft.: _____ |
| <input type="checkbox"/> <b>SHED:</b>                                    | Est. Cost: \$ _____ | Dimensions in Ft.: _____ | Height in Ft.: _____ |
| <input type="checkbox"/> <b>DRIVEWAY:</b>                                | Est. Cost: \$ _____ | Dimensions in Ft.: _____ |                      |
| <input type="checkbox"/> <b>PAVERS:</b>                                  | Est. Cost: \$ _____ | Dimensions in Ft.: _____ |                      |
| <input type="checkbox"/> <b>CONCRETE:</b><br>(Excluding Sidewalk & Curb) | Est. Cost: \$ _____ | Dimensions in Ft.: _____ |                      |
| <input type="checkbox"/> <b>BULKHEAD:</b>                                | Est. Cost: \$ _____ | Dimensions in Ft.: _____ |                      |
| <input type="checkbox"/> <b>OTHER:</b> _____                             | Est. Cost: \$ _____ | Dimensions in Ft.: _____ |                      |

**PROPOSED WORK:**       **NEW**       **REMOVE & REPLACE**       **ALTERATION**

**Description of work:** \_\_\_\_\_

★ **DIG RELEASE #:** \_\_\_\_\_ **\*(Must call 1-800-272-1000 to obtain Dig Release Number)**

**C. CERTIFICATION IN LIEU OF OATH:** I hereby certify that I have read this application, that the information provided is correct, and that I am the (authorized agent of) owner in fee of the property listed, as such hereby agree to comply with the applicable requirements of the Code of the City of Margate City, County of Atlantic and The State of New Jersey.

➤ \_\_\_\_\_  
 OWNER/CONTRACTOR SIGNATURE

\_\_\_\_\_  
 DATE

★ **FOR OFFICE USE ONLY:** DATE RECEIVED: \_\_\_\_\_ ZONING APPROVAL DATE: \_\_\_\_\_

CONSTRUCTION OFFICIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT DUE: \$ \_\_\_\_\_  CHECK    CASH    CC   RECEIPT #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ COLLECTED BY: \_\_\_\_\_