

City of Margate City Department of Building Inspection

9001 Winchester Avenue Margate City, New Jersey 08402 (609) 822-1974

Email: margate_inspection@margate-nj.com

CITY OF MARGATE PERMIT PROCEDURES

INSTALLATIONS/ENLARGEMENTS/REPLACEMENTS OF CONCRETE, DRIVEWAY, AND PAVERS (NOT INCLUDING SIDEWALK AND CURB)

1. Zoning Approval Process	1.	Zoning	Approval	Process
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- □ Submit a Zoning Permit Application accompanied by the \$50.00 zoning review fee payable to the City of Margate. Note: The zoning review fee may be waived for identical replacements with no alterations to size or location; however, a zoning permit is still required.
- ☐ Submit a copy of the property survey/plot plan with details on:
 - Lot size and lot coverage calculations
 - Existing and proposed structures
 - Existing and proposed property line setbacks
 - Location and dimensions of the proposed concrete/driveway/paver installation
- ☐ If Planning Board approval was obtained, include a copy of the decision and resolution along with two copies of the signed planning board compliance plans.

2. Municipal Permit Application:

Submit a Municipal Permit Application.
Include a copy of the contractor's New Jersey Home Improvement License.
Include the "Call Before You Dig" Affidavit with the release/ticket number, obtainable by
calling 811 or 800-272-1000.
Include the "Agent Affidavit" required for all permit applications.
Wait for approval; work must not commence until the construction permit is issued.

3. Closing Your Permit:

	Complete all required inspections.	
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⊔ Sι	ibmit inspection	equests via em	iall to marg	ate_insp	ection(a	omarga	ite-nj	.com.
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CONNECT WITH MARGATE ONLINE Margate City is on SDL Portal, an online hub where residents & professionals can access town data, search properties and view their permit status 24/7. Search Permit Data View Inspection Results Access Property Data View Inspection Results SDL PORTAL Visit: sdl.town/Margate to get started



CITY OF MARGATE CITY ZONING PERMIT APPLICATION

Date Submitted:	
Zoning Permit #	
Zoning Control #	

	<u>Z</u> (ONING REVIEW - FOR MUN	ICIPAL USE ONLY	
	Date Received by Zoning:] Approved:	□ Denied:	
	Condition / Comments:			
	Authorization:		n	ate:
	Roger	D. McLarnon, Zoning Offic	 er	ate
		REVISIONS - FOR MUNICI	PAL USE ONLY	
	REVISION 1- Submitted:	_ □ Approved:	_ □ Denied:	Date:
	REVISION 2- Submitted:	_ □ Approved:	_ □ Denied:	Date:
	Condition / Comments:			
		PAYMENT - FOR MUNICI	PAL USE ONLY	
	Paid: □Check □Cash □	Credit Card Paid by:		
	Check/Receipt #:	Date: _		Clerk:
Ado	olicant's Name: dress:			
	nail Address:			
	ner's Name:			
Ado	dress:			
E-n	nail Address:			
<u>B. T</u>	YPE OF APPLICATION: Check all that apply-	· □New □Replacement	⊐Change	
	New Construction	□ Shed		☐ Parking Area
	Addition/Alteration Home Elevation*	☐ Garage☐ Generator		☐ Pavers ☐ Sign
	Swimming Pool	☐ HVAC		□ Ramp
□ I	lot Tub/Spa	☐ Fence		□ Solar
	Deck/Porch	☐ Outdoor Shower En	closure	□ Other:
Use	e of Property/Buildings - Existing:	Propose	d:	Zoning District:
	s the proposed project been subject to a ase attach the Board resolution and	* *	0	
I he	ERTIFICATION IN LIEU OF OATH: reby certify that I have read this application of the property listed, as such hereby agree to antic and The State of New Jersey.			
App	olicant Signature			_ Date

ALL ZONING PERMIT APPLICATIONS MUST BE SUBMITTED TO THE MARGATE CITY BUILDING DEPARTMENT LOCATED AT 9001 WINCHESTER AVENUE. PLEASE SUBMIT THE COMPLETED APPLICATION WITH A PLOT PLAN SHOWING LOT SIZE, EXISTING STRUCTURES AND PROPOSED STRUCTURES AS WELL AS PROPERTY LINE SETBACKS.



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9001 Winchester Avenue Margate City, New Jersey 08402 (609) 822-1974 Fax: (609) 822-2248 Email: margate inspection@margate-nj.com

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PERMIT No:

MUNICIPAL PERMIT APPLICATION

 A ZONING PERMIT MUST ACCOMM A SEPARATE STREET OPENING INCLUDING SIDEWALK & CURB SIDE	PERMIT IS REQUIRED		ng Permit No.: IN THE PUBLIC R	IGHT OF WAY,		
A. IDENTIFICATION:	OUD IFOT					
BLOCK:LOT:	SUBJECT PROPERTY ADDR	ESS:				
PROPERTY OWNER'S NAME: PHONE:						
ADDRESS:		_ EMAIL:				
CONTRACTOR:		PHON	E:			
ADDRESS:						
EMAIL:	Home Imp	provement License	#:			
B. TYPE OF APPLICATION: Check all that	at apply and provide the es	stimated cost of ea	ch item:			
☐ FENCE:	Est. Cost: \$	Dimensions	s in Ft.:	Height in Ft.:		
☐ SHOWER ENCLOSURE:	Est. Cost: \$	Dimensions	s in Ft.:	Height in Ft.:		
☐ SHED:	Est. Cost: \$	Dimensions	s in Ft.:	Height in Ft.:		
☐ DRIVEWAY:	Est. Cost: \$	Dimensions	s in Ft.:			
☐ PAVERS:	Est. Cost: \$	Dimensions	s in Ft.:			
CONCRETE: (Excluding Sidewalk & Curb)	Est. Cost: \$	Dimensions	s in Ft.:			
BULKHEAD:	Est. Cost: \$	Dimensions	s in Ft.:			
□ OTHER:	Est. Cost: \$	Dimensions	s in Ft.:			
PROPOSED WORK: □ NEW Description of work: □			□ ALTERATION			
★ DIG RELEASE #:	*(Mus	t call 1-800-272-100	00 to obtain Dig Relea	nse Number)		
C. CERTIFICATION IN LIEU OF OATH: I he (authorized agent of) owner in fee of the proper Margate City, County of Atlantic and The State of	rty listed, as such hereby agree					
OWNER/CONTRACTO	 DR SIGNATURE		DATE			
* FOR OFFICE USE ONLY: DATE R	ECEIVED:	ZONING A				
CONSTRUCTION OFFICIAL APPROVA	AL:		DATE:			
AMOUNT DUE: \$	□CHECK □C	CASH □CC RE	ECEIPT #:			
DATE ISSUED:	COLLECTED BY:					







AFFIDAVIT

I, DO H	EREBY ASSERT AS FOLLOWS:	OF FULL AGE,			
1.	I AM THE OWNER/CONTRAC AT:	TOR, AGENT FOR THE PROPERTY LOCATED			
	BLOCK:	LOT:			
2.	PRIOR TO STARTING CONTR	TION TO CONTACT "CALL BEFORE YOU DIG" UCTION, WHO IN TURN WILL CONTACT THE LOCATE ANY UNDERGROUND FACILITIES IN SCRIBED HEREIN.			
3.	I UNDERSTAND THAT IF I PROCEED WITHOUT ASCERTAINING THE LOCATION OF ALL UNDERGROUND FACILITIES, I AM DOING SO AT MY OWN RISK.				
	Signature	Date			
	TICKET ,	/ RELEASE NUMBER:			

§ 48:2-83. Proof of notification required for permission to excavate: any permit or permission for a road opening, building, blasting, demolition or excavation granted by a public entity to an excavator that will result in excavation or demolition activity shall not be effective until the excavator provides proof to the public entity that the excavator has notified the One-Call Damage Prevention System pursuant to section 10 [C.48:2-82] of the act.

DIG RELEASE PHONE NUMBER: 811 OR (800) 272-1000

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OFFICIAL USE ONLY:

Permit Number associated with this affidavit:

AGENT AFFIDAVIT

ACCEPTING RESPONSIBILITY FOR WORKSITE COMPLIANCE WITH LOCAL CODES

As the authorized agent/general contractor for a construction project in the City of Margate, I assume responsibility for ensuring worksite compliance with local codes, aligning with the City's focus on safety, fire prevention, and emergency preparedness. This includes overseeing personnel and subcontractors throughout the project. Any deviation from the stipulated requirements by employees or subcontractors will be my responsibility.

Important codes include, but are not limited to:

On this _____ Day of _____ 20____, I, ___

- Construction Work Hours: Monday through Friday, 7:00 AM 5:00 PM, and Saturdays, 8:00 AM 4:00 PM. Prohibited on Sundays and certain holidays. (Different work hours apply during the summer; refer to Margate's website for details.)
- Safe Access and Maintenance: Ensure safe access and maintain proper site upkeep. Regular checks for trash and debris are imperative for fire hazard mitigation and preventing debris impact on neighboring properties.
- **Dumpster Regulations:** Must be covered at night and during off-hours; permits are handled by the Police Department at 111 N Decatur Avenue.
- **Public Sidewalks:** Must remain unobstructed for pedestrian use. If damaged, an alternative safe passage must be provided until a new sidewalk is installed.
- **Permit Notices and Plans:** Post all permit notices conspicuously and keep approved plans on-site for all inspections.

OF I	FULL AGE, DO HEREBY ASSERT AS FOLLOWS:	(Co	ntractor's Name)
1.	I AM THE OWNER/CONTRACTOR OF RECORD PROJECT AT:	AND RESPONSIB	LE AGENT FOR THE
	ADDRESS:	BLOCK:	LOT:
2.	I ACKNOWLEDGE MY OBLIGATION TO COMPLUNDERSTANDING THAT FAILURE TO DO SO		•
3.	I WILL BE HELD ACCOUNTABLE FOR ANY AND FAILING TO COMPLY WITH THE CITY OF MAR		OR SUBCONTRACTORS
4.	I UNDERSTAND THAT THE CITY MAY CONDUENSURE COMPLIANCE.	ICT INSPECTIONS	AT ANY TIME TO
	Agent/Contractor Name (Printed)		Signature