



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

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

WHITE – OFFICE

YELLOW – APPLICANT COPY

PINK – TAX ASSESSOR'S OFFICE