



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 FOR OUTDOOR SHOWER INSTALLATIONS AND REPLACEMENTS

1. Zoning Approval Process:

- 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, height, or location; however, a zoning permit is still required.
- Submit a copy of the property survey/plot plan with details on:
 - Lot size
 - Existing and proposed structures
 - Existing and proposed property line setbacks
 - Location, dimensions, and height of the proposed enclosure
- 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. Building Department Approval Process:

- Submit a Municipal Permit Application.
- For any plumbing work (e.g., French drain installation), submit a Construction Permit Application and Plumbing Subcode Technical Section, signed and sealed by a licensed New Jersey Master Plumber.
- 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.
- Submit inspection requests via email to margate_inspection@margate-nj.com.

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
- Access Property Data
- View Inspection Results
- And more!

SDL | PORTAL

visit: sdl.town/Margate to get started



CITY OF MARGATE CITY
ZONING PERMIT APPLICATION

Date Submitted: _____

Zoning Permit # _____

Zoning Control # _____

ZONING REVIEW - FOR MUNICIPAL USE ONLY
Date Received by Zoning: _____
Condition / Comments: _____
Authorization: _____ Date: _____
REVISIONS - FOR MUNICIPAL USE ONLY
REVISION 1- Submitted: _____
REVISION 2- Submitted: _____
Condition / Comments: _____
PAYMENT - FOR MUNICIPAL USE ONLY
Paid: _____
Check/Receipt #: _____ Date: _____ Clerk: _____

FEES: PAYMENT IS DUE AT THE TIME A ZONING PERMIT IS SUBMITTED. Per § 175-42, the following fees apply:
♦ New/Major* Construction Plan Review: \$300.00 ♦ All others (fences, sheds, signs, additions, etc.): \$50.00

A. IDENTIFICATION:

Subject Property - Address: _____ Block: _____ Lot: _____

Applicant's Name: _____ Phone: _____

Address: _____

E-mail Address: _____

Owner's Name: _____ Phone: _____

Address: _____

E-mail Address: _____

B. TYPE OF APPLICATION: Check all that apply- New Replacement Change

- New Construction Shed Parking Area
 Addition/Alteration Garage Pavers
 Home Elevation* Generator Sign
 Swimming Pool HVAC Ramp
 Hot Tub/Spa Fence Solar
 Deck/Porch Outdoor Shower Enclosure Other: _____

Use of Property/Buildings - Existing: _____ Proposed: _____ Zoning District: _____

Has the proposed project been subject to an application to the Planning Board? Yes or No

Please attach the Board resolution and signed, approved plans. Date of Approval: _____ Resolution #: _____

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.

Applicant 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.



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: _____



AFFIDAVIT

I, _____ OF FULL AGE,
DO HEREBY ASSERT AS FOLLOWS:

1. I AM THE OWNER/CONTRACTOR, AGENT FOR THE PROPERTY LOCATED AT:

BLOCK: _____ LOT: _____

2. I AM AWARE OF MY OBLIGATION TO CONTACT "CALL BEFORE YOU DIG" PRIOR TO STARTING CONTRUCTION, WHO IN TURN WILL CONTACT THE APPROPRIATE UTILITIES TO LOCATE ANY UNDERGROUND FACILITIES IN OR UPON THE PROPERTY DESCRIBED 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



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: _____
 Tel. _____ e-mail _____
 Address _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. _____
 Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

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

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. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

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 _____

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

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		
Gained, Rental		
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 -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

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. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells	12. <input type="checkbox"/> Fire Alarm
2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks	
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	
	7. <input type="checkbox"/> Sprinklers/Standpipes	11. <input type="checkbox"/> LPGas Tanks	

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(b)4.

IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building _____	Energy _____	Barrier Free _____	Flood Hazard _____	Other _____
Electrical _____	As Built Elevation Cert. _____	Other _____		
Plumbing _____	Other _____			
Fire Protection _____				
Mechanical _____				

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	_____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	_____	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received Control #

Date Issued Permit #

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.

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$

Table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Plumbing Plans Approved, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

C. 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.

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Table with columns: QTY., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, etc.

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

City of Margate City
Department of Building Inspection
9001 Winchester Avenue
Margate City, NJ 08402
(609) 822-1974



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:

- **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.

On this _____ Day of _____, 20____, I, _____,
OF FULL AGE, DO HEREBY ASSERT AS FOLLOWS: (Contractor's Name)





1. I AM THE OWNER/CONTRACTOR OF RECORD AND RESPONSIBLE AGENT FOR THE PROJECT AT:
ADDRESS: _____ **BLOCK:** _____ **LOT:** _____
2. I ACKNOWLEDGE MY OBLIGATION TO COMPLY WITH THE CITY OF MARGATE'S CODES, UNDERSTANDING THAT FAILURE TO DO SO WILL RESULT IN FURTHER ACTION(S).
3. I WILL BE HELD ACCOUNTABLE FOR ANY AND ALL EMPLOYEES OR SUBCONTRACTORS FAILING TO COMPLY WITH THE CITY OF MARGATE'S CODES.
4. I UNDERSTAND THAT THE CITY MAY CONDUCT INSPECTIONS AT ANY TIME TO ENSURE COMPLIANCE.

Agent/Contractor Name (Printed)

Signature

Contractors

Poor construction practices lead to environmental contamination

Cause (work site)	Effect (Environmental Contamination)
	
	

Remember:

- When cutting or drilling AZEK-TREX or any plastic poly-compound materials, use a vacuum attachment on all saws when practical.
- Cut and drill in confined spaces to keep dust down to a minimum and ease of cleanup.
- Never cut or drill without a tarp under power tools.
- Tarp your area and clean the area as often as possible.
- Clean up plastic contaminants before leaving your site.
- DO NOT blow your debris into the storm drains. That just washes them into our water systems for contamination that lasts thousands of years.



Keep the Plastics and contaminants out of the ocean, bays and wetlands

Once created, **plastic will stay around for hundreds – or even thousands – of years**, in which time it can pollute and poison environments and the animals that inhabit them.

We all have a responsibility to protect our shores!

Contratistas

Las malas prácticas de construcción conducen a la contaminación ambiental

Causa (lugar de trabajo)	Efecto (Contaminación Ambiental)
	
	

Recordar:

- Al cortar o taladrar AZEK, TREX o cualquier material plástico polícompuesto, use un accesorio de vacío en todas las sierras cuando sea práctico.
- Corte y taladre en espacios reducidos para reducir al mínimo el polvo y facilitar la limpieza.
- Nunca corte ni taladre sin una lona debajo de herramientas eléctricas.
- Cubre el área con una lona y límpiala con la mayor frecuencia posible.
- Limpie los contaminantes plásticos antes de salir de su sitio.
- NO sople sus escombros en los desagües pluviales. Eso solo los arrastra a nuestros sistemas de agua para una contaminación que dura miles de años.



Mantenga los plásticos y contaminantes fuera del océano, las bahías y los humedales

Una vez creado, el **plástico permanecerá durante cientos, o incluso miles, de años**, tiempo en el que puede contaminar y envenenar el medio ambiente y los animales que los habitan.

¡Todos tenemos la responsabilidad de proteger nuestras costas!