



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 **SHED** 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 shed 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 shed
- ☐ 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:

- ☐ **For Sheds 200 sq. ft. or less in area and 10 feet or less in height:** Submit a Municipal Permit Application.
- ☐ **For Sheds GREATER than 200 sq. ft. in area and/or exceeding 10 feet in height:** Submit a Construction Permit Application and Building Subcode Technical Section.
- ☐ 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.
- ☐ Provide specifications indicating how the shed will be secured to the ground, i.e., anchor bolts, straps, etc.
- ☐ If any electrical work is being performed, include a Construction Permit Application and Electrical Subcode Technical Section.
- ☐ 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: _____ ☐ Approved: _____ ☐ Denied: _____

Condition / Comments: _____

Authorization: _____ Date: _____

Roger D. McLarnon, Zoning Officer

REVISIONS – FOR MUNICIPAL USE ONLY

REVISION 1- Submitted: _____ ☐ Approved: _____ ☐ Denied: _____ Date: _____

REVISION 2- Submitted: _____ ☐ Approved: _____ ☐ Denied: _____ Date: _____

Condition / Comments: _____

PAYMENT – FOR MUNICIPAL USE ONLY

Paid: _____ ☐ Check ☐ Cash ☐ Credit Card Paid by: _____

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: _____

WHITE – OFFICE

YELLOW – APPLICANT COPY

PINK – TAX ASSESSOR'S OFFICE



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 _____

3. Ownership in Fee: street Public _____ municipality Private _____ zip code _____

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Minor Work | <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Alteration | <input type="checkbox"/> Renovation | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Asbestos Abat. -Subch. 8 | <input type="checkbox"/> Lead Hazard Abatement | <input type="checkbox"/> Radon Remediation | <input type="checkbox"/> Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Approval | Rejection | Re-viewer |
|-----------|----------------|------------|----------------|---------------|-----------|--------------------|----------|-----------|-----------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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.



Date Issued
Permit #

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. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

| PLAN REVIEW | | Date | Initial | INSPECTIONS | | Dates (Month/Day) | | | |
|----------------------------------|----------------------|--------------------------|---------|--------------------------|---------|--------------------------|----------|------------|-------|
| <input type="checkbox"/> | No Plans Required | _____ | _____ | Type: | Failure | Failure | Approval | Initial | |
| <input type="checkbox"/> | All | _____ | _____ | Footing | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | Footings/Foundations | _____ | _____ | Footing Bonding | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | Structural/Framework | _____ | _____ | Foundation | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | Exterior | _____ | _____ | Slab | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | Interior | _____ | _____ | Frame | _____ | _____ | _____ | _____ | |
| | | | | Truss Sys./Bracing | _____ | _____ | _____ | _____ | |
| Joint Plan Review Required: | | | | Barrier-Free | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | Elec. | <input type="checkbox"/> | Plumb. | <input type="checkbox"/> | Fire | <input type="checkbox"/> | Elevator | Insulation | _____ |
| SUBCODE APPROVAL for PERMIT | | | | Finishes -Base Layer | _____ | _____ | _____ | _____ | |
| Date: _____ | | | | Finishes -Final | _____ | _____ | _____ | _____ | |
| Approved by: _____ | | | | Energy | _____ | _____ | _____ | _____ | |
| SUBCODE APPROVAL for CERTIFICATE | | | | Mechanical | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> | CO | <input type="checkbox"/> | CCO | <input type="checkbox"/> | CA | TCO | _____ | _____ | |
| Date: _____ | | | | Other | _____ | _____ | _____ | _____ | |
| Approved by: _____ | | | | Final | _____ | _____ | _____ | _____ | |
| | | | | Barrier-Free | _____ | _____ | _____ | _____ | |

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1 New Bldg \$

Volume of New Structure _____ cu. ft. 2 Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load IBC E110 (rev. 11/09)

Internet version

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$_____

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ _____

U.C.C. F110 (rev. 11/09)
Internet version

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

Sign here: _____

Print name here: _____

DESCRIPTION OF WORK

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Retaining Wall _____ Sq. Ft.
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [] Other _____
- [] Demolition

[illegible]

Administrative Surcharge \$

Minimum Fee \$ _____

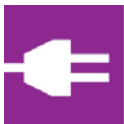
| | | |
|----------------------------|----|--|
| State Permit Surcharge Fee | \$ | |
|----------------------------|----|--|

TOTAL FEE \$

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



ELECTRICAL 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. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

| JOB SUMMARY (Office Use Only) | |
|---|---|
| PLAN REVIEW | INSPECTIONS |
| [] No Plans Required | Type: Failure Failure Approval Initial |
| [] Partial -Underslab Utilities Approved | Rough _____ |
| Date: _____ Approved by: _____ | Barrier-Free _____ |
| [] Electric Plans Approved | Trench _____ |
| Date: _____ Approved by: _____ | Temp. Serv. _____ |
| Joint Plan Review Required: | Constr. Serv. _____ |
| [] Bldg. [] Plumb. [] Fire. [] Elev. | TCO _____ |
| SUBCODE APPROVAL for PERMIT | Other _____ |
| Date: _____ | Service _____ |
| Approved by: _____ | Final _____ |
| | Barrier-Free _____ |
| SUBCODE APPROVAL for CERTIFICATE | Temp. Cut-in-Card Date Issued _____ |
| [] CO [] CCO [] CA | Final Cut-in-Card Date Issued _____ |
| Date: _____ | Annual Pool Inspection _____ |
| Approved by: _____ | Date of Grounding and Bonding Certification _____ |

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 Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|-------|-------|--------------------------------|-----------------------|
| _____ | _____ | Lighting Fixtures | _____ |
| _____ | _____ | Receptacles | _____ |
| _____ | _____ | Switches | _____ |
| _____ | _____ | Detectors | _____ |
| _____ | _____ | Light Poles | _____ |
| _____ | _____ | Motors—Fract. HP | _____ |
| _____ | _____ | Emergency & Exit Lights | _____ |
| _____ | _____ | Communications Points | _____ |
| _____ | _____ | Alarm Devices/F.A.C. Panel | _____ |
| _____ | _____ | TOTAL NUMBERS | \$ _____ |
| _____ | _____ | Pool Permit/with UW Lights | _____ |
| _____ | _____ | Storable Pool/Spa/Hot Tub | _____ |
| _____ | _____ | KW Elec. Range/Receptacle | _____ |
| _____ | _____ | KW Oven/Surface Unit | _____ |
| _____ | _____ | KW Elec. Water Heater | _____ |
| _____ | _____ | KW Elec. Dryer/Receptacle | _____ |
| _____ | _____ | KW Dishwasher | _____ |
| _____ | _____ | HP Garbage Disposal | _____ |
| _____ | _____ | KW Central A/C Unit | _____ |
| _____ | _____ | HP/KW Space Heater/Air Handler | _____ |
| _____ | _____ | KW Baseboard Heat | _____ |
| _____ | _____ | HP Motors 1/+ HP | _____ |
| _____ | _____ | KW Transformer/Generator | _____ |
| _____ | _____ | AMP Service | _____ |
| _____ | _____ | AMP Subpanels | _____ |
| _____ | _____ | AMP Motor Control Center | _____ |
| _____ | _____ | KW Elec. Sign/Outline Light | _____ |

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



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
APPROPIATE 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

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!