

**NO ZONING PERMIT WILL BE ACCEPTED UNTIL PROOF THAT TAXES  
AND SEWER ARE CURRENT**

**CERTIFICATION FROM TAX COLLECTOR**

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

LOT (S): \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_

Does this permit cover more than one property? Yes  No

List additional properties that this permit will cover

Block	Lot	Property location

To be signed by zoning office:

I have verified the above information is correct: \_\_\_\_\_

**TAX AND SEWER COLLECTOR PORTION:**

I hereby certify the taxes on the above-mentioned property(s) are current

thru \_\_\_\_\_ quarter of \_\_\_\_\_.

I hereby certify the sewer utility on the above-mentioned property(s) are current

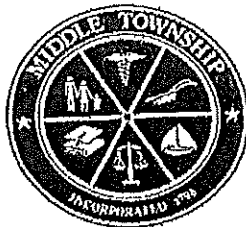
thru \_\_\_\_\_ quarter of \_\_\_\_\_.

Date: \_\_\_\_\_

Tax Collector/Sewer Signature: \_\_\_\_\_

CHECK HERE IF TAXES ARE DELINQUENT

CHECK HERE IF SEWER IS DELINQUENT



***NO ZONING PERMIT WILL BE ISSUED WITHOUT OWNERS SIGNATURE  
REGARDING WETLANDS ON THE PROPERTY***

Property Address \_\_\_\_\_

Block \_\_\_\_\_ Please list all Block and Lots involved

Lot (s) \_\_\_\_\_

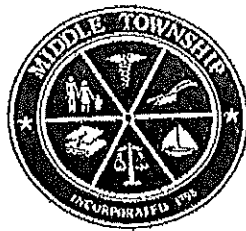
I hereby certify that the above listed property HAS NO wetlands or other regulated issues.

\_\_\_\_\_  
Owner Signature

I hereby certify that the above listed property HAS wetlands and other regulated issues.

NJDEP permit number \_\_\_\_\_ date of plan \_\_\_\_\_

\_\_\_\_\_  
Owner Signature



Application for Zoning Permit  
Township of Middle

Date: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Work Site Location: \_\_\_\_\_

Property Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Email Address \_\_\_\_\_

Existing Use \_\_\_\_\_

Description and dimensions of work \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

\_\_\_\_\_  
Owner signature                      address                                      phone                                      fax

Name of the Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

RESIDENTIAL     SEWER     COMMERCIAL     SEPTIC    NOTES: \_\_\_\_\_

- \_\_\_\_\_ Number of current units
- \_\_\_\_\_ Number of proposed units
- \_\_\_\_\_ Sq. Footage of building if commercial
- \_\_\_\_\_ Road opening permit required
- \_\_\_\_\_ New connection
- \_\_\_\_\_ Reconnection
- \_\_\_\_\_ Upgrade

\_\_\_\_\_  
*Zoning Official Signature*



# 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 (if applicable): \_\_\_\_\_  
 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: ( \_\_\_\_\_ ) \_\_\_\_\_

### 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)

Subcode	Est Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	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								

### 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.  Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks  
 2.  High Pressure Boilers  
 3.  Pressure Vessels  
 4.  Refrigeration Systems  
 5.  Cross-Connections/Backflow Preventers  
 6.  Hazardous Uses/Places of Assembly  
 7.  Sprinklers  
 8.  Smoke Control Systems in Open Wells  
 9.  Underground Storage Tanks  
 10.  Swimming Pools, Spas and Hot Tubs

### D. Construction Classification:

A. RESIDENTIAL (primary use)  
 1. State Specific Use: \_\_\_\_\_  
 2. Use Group: \_\_\_\_\_  
 3. Change in Use Group, Indicate Former: \_\_\_\_\_  
 4. No. of dwelling units: \_\_\_\_\_  
 Before Construction \_\_\_\_\_  
 After Construction \_\_\_\_\_  
 Net Gain or Loss \_\_\_\_\_  
 B. NON-RESIDENTIAL (primary use)  
 1. State Specific Use: \_\_\_\_\_  
 2. Use Group: \_\_\_\_\_  
 3. Change in Use Group, Indicate Former: \_\_\_\_\_  
 C. MIXED USE -List secondary use(s): \_\_\_\_\_  
 D. Construction Classification: \_\_\_\_\_

### VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_ (office use only)  
 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 \_\_\_\_\_

### V. FEE SUMMARY (for office use only)

1. Building	\$	/		Update
2. Electrical	\$	/		Update
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	\$	/		

**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(e)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 have been given, including such certification as the construction official may require.

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 have been given, including such certification as the construction official may require.

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 \_\_\_\_\_

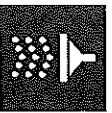
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

**III.  LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.**



# 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 (if applicable): \_\_\_\_\_

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 \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type	Failure	Failure	Approval	Initial
<input type="checkbox"/> No. Plans Required		Slab				
<input type="checkbox"/> Joint Plan Review Required		Rough				
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Water				
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Sewer				
<input type="checkbox"/> Plumbing Plans Approved		Fixtures				
Date: _____		Gas Equipment				
Approved by: _____		Gas Piping				
		LP Gas Tank				
		Fuel Oil Piping				
		Solar				
		TCC				

### 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's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

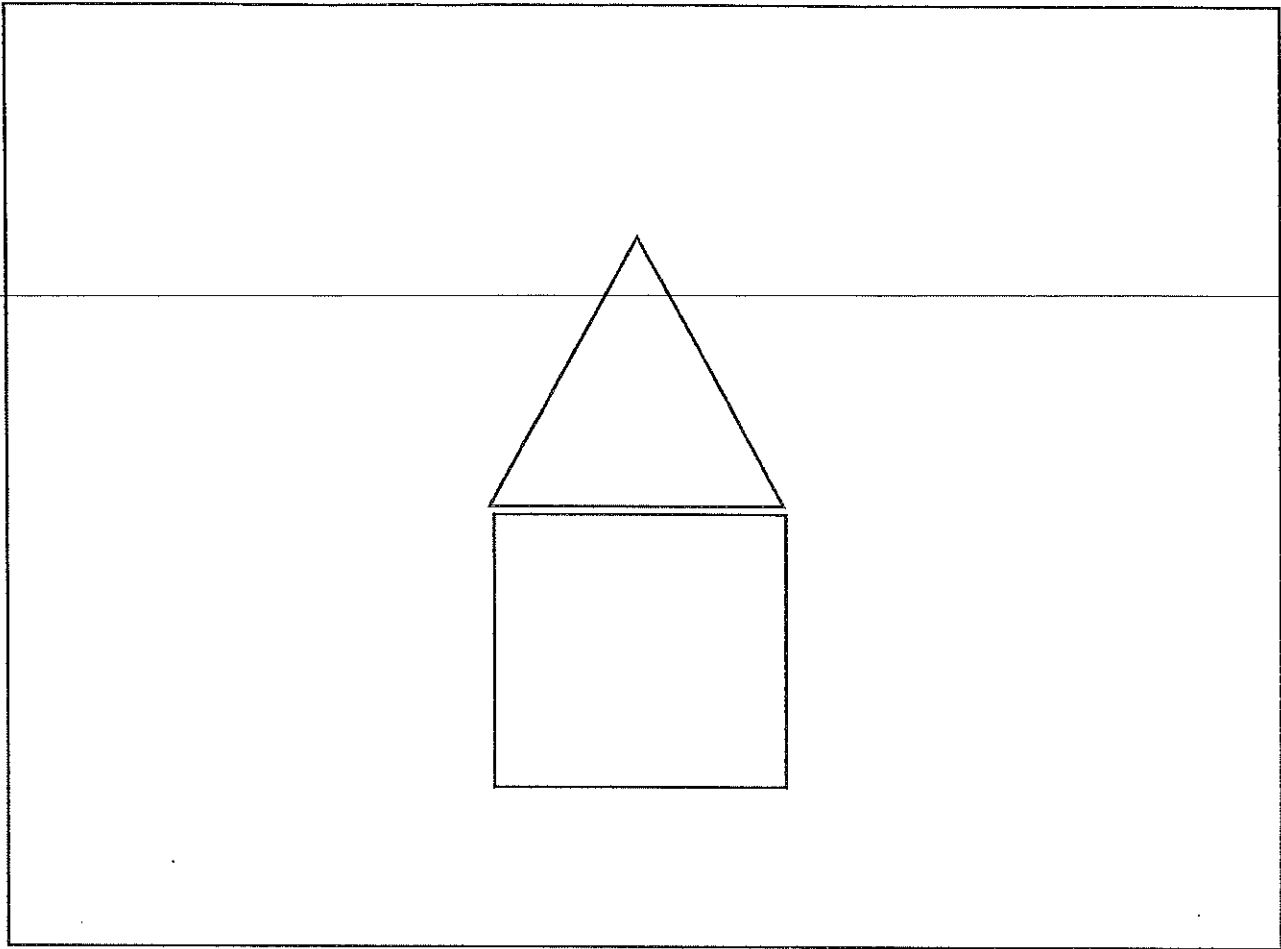
DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Disinwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

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

U.C.C. F130 (rev. 10/09)  
Internet version

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



Draw location of piping and location of meter.

Address:

● = METER



TOWNSHIP OF MIDDLE  
 OFFICE OF CONSTRUCTION  
 10 SOUTH BOYD STREET  
 CAPE MAY COURT HOUSE, NEW JERSEY 08210

DANIEL SPEIGEL  
 CONSTRUCTION OFFICIAL

ALICIA WOODROW  
 CLERK  
 KATRINA BORN  
 CLERK

WATER SERVICE PERMITTING REQUIREMENTS

WELL CROSS CONNECTION CERTIFICATION FORM  
 (SEPARATION OF WATER SERVICE FROM EXISTING WELL)

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

I, the undersigned, certify that I am authorized to sign for the Property Owner for the following items:

1. The existing water service line from the existing well to the residential / business unit has been cut and capped.
2. The existing well servicing the property will not create a cross connection with the new potable water service line.
3. The existing well is to be sealed. YES \_\_\_\_\_ NO \_\_\_\_\_  
 If NO, the well will be used only for irrigation purposes.  
 If NO, will the well service any existing hose bibs? If YES, how many? \_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Name)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





TOWNSHIP OF MIDDLE  
OFFICE OF CONSTRUCTION  
10 SOUTH BOYD STREET  
CAPE MAY COURT HOUSE, NEW JERSEY 08210

DANIEL SPEIGEL  
CONSTRUCTION OFFICIAL

ALICIA WOODROW  
CLERK  
KATRINA BORN  
CLERK

June 16, 2022

## WATER SERVICE PERMITTING REQUIREMENTS

1. A Plumbing permit is required. A New Jersey Licensed Master Plumbing contractor may secure the permit.
2. Water service piping must comply with the 2018 National Standard Plumbing Code – New Jersey Edition, typically plastic piping or copper tubing, pressure rated at not less than 160 psi at 73 degrees, with a minimum size of  $\frac{3}{4}$  inch.
3. If using plastic piping a copper tracer wire of not less than 18 AWG insulated is required. The insulation shall not be yellow in color.
4. Water service piping shall be installed with a minimum 12” separation from sanitary sewer piping.
5. An approved curb valve is required to be installed.