



Inspections Department  
1 Rev. Dr. Martin Luther King, Jr. Drive  
Willingboro NJ 08046  
Phone # 609-877-2200 Ext. 1214      FAX # 609-877-1278

## DECK REQUIREMENTS

- 1) Complete Zoning Application.
- 2) Submit copy of Survey / Plot Plan indicating planned location, dimensions of proposed deck, side and rear setbacks along with completed Zoning Application to MUA. Once they mark out, submit the approved Zoning Application and Survey from MUA to the Inspections Dept along with the following-
- 3) Complete Building Technical form along with Construction jacket.
- 4) Submit (3) copies of deck drawings / specifications.

### Zoning Requirements:

Attached deck must maintain at least a 20 foot rear setback and minimum 6 foot side setback on the smallest side and minimum 7 foot side setback on the opposite side (for a combined minimum total of 13 feet for side setbacks).

Freestanding deck must maintain at least a 4 foot rear setback and minimum 4 foot side setback.

Deck cannot be located on an easement.

Fee is calculated based on the cost of the job.

***Incomplete submissions, including inadequate drawings will cause a delay in processing your application. All applications are subject to review by Zoning, Building Subcode and Construction Official prior to issuance.***



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### ZONING APPLICATION

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

Work Location: \_\_\_\_\_ Zoning Class: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Owner Address/City/State/Zip: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Height of proposed structure: \_\_\_\_\_

Circle one: Corner Lot or Inside Lot

Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Smallest Side \_\_\_\_\_

Percentage of Lot Covered by existing Buildings/Concrete/Asphalt/Pool: \_\_\_\_\_

(Optional) Aggregate: \_\_\_\_\_

Copy of Survey/Plot Plan must be submitted showing existing buildings, shed, driveway, pools, patios, walkways and proposed work with dimensions shown. Indicate front, rear, and side setbacks on Survey. (Refer to Schedule of Requirements if needed.)

When doing work other than a driveway or service walk - Submit this Zoning Application along with Survey/Plot Plan to MUA. Once they mark out and approve, submit to Inspections Dept with completed Construction Jacket, Building Technical and any other required forms.

Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

*\*\*Note: Rejected applications can be revised to comply with the Ordinance, or you may apply to the Zoning Board for relief of the Zoning Official's Decision. (When a variance is obtained, a copy of the resolution must be attached to the application.)*

#### TOWNSHIP OFFICE USE ONLY

MUA  Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspections Dept  Approved  Denied

Denied based on the non-compliance with the following sections of the Ordinance –  
Chapter \_\_\_\_\_ Section \_\_\_\_\_

Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# 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: \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

**IIIa. PROPOSED WORK**

Minor Work  New Building  Addition  Demolition

Repair  Alteration  Renovation  Reconstruction

Asbestos Abat. -Subch. 8  Lead Hazard Abatement  Radon Remediation  Annual Permit

**IIIb. SUBCODES**  
(Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
<input type="checkbox"/> Building							
<input type="checkbox"/> Electrical							
<input type="checkbox"/> Plumbing							
<input type="checkbox"/> Fire Protection							
<input type="checkbox"/> Elevator							
<b>TOTAL COST</b>							

**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/Standpipes

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

10.  Swimming Pools, Spas and Hot Tubs

11.  LPGas Tanks

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

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**

1. Number of Stories \_\_\_\_\_ ft.

2. Height of Structure \_\_\_\_\_ sq. 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 \_\_\_\_\_

**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-restricts*

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 \_\_\_\_\_



**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.





BUILDING SUBCODE TECHNICAL SECTION



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: \_\_\_\_\_ e-mail \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Table with columns: JOB SUMMARY (Office Use Only), PLAN REVIEW, INSPECTIONS, and various inspection types like Footing, Foundation, Slab, etc.

B. BUILDING CHARACTERISTICS
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_
No. of Stories \_\_\_\_\_
Height of Structure \_\_\_\_\_ ft.
Area — Largest Floor \_\_\_\_\_ sq. ft.
New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.
Volume of New Structure \_\_\_\_\_ cu. ft.
Max. Live Load \_\_\_\_\_
Max. Occupancy Load \_\_\_\_\_

Date Received Control #
Date Issued Permit #

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.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE 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

FEE (Office Use Only) table with columns for Administrative Surcharge, Minimum Fee, State Permit Surcharge, and TOTAL FEE.

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy