



Florham Park Borough
Construction Department
111 Ridgedale Ave.
Florham Park, NJ 07932
Ph. – 973-410-5346 Fax
– 973-410-5490

AIR CONDITIONING ONLY APPLICATIONS

Please note that all permit applications for replacement of air conditioning devices require the following:

Construction permit application folder
Completed and Sealed Electrical Subcode Technical Section
Completed and Sealed Plumbing Subcode Technical Section

Specifications of Mechanical Equipment to be installed

If outside condensing unit is to be installed, applicant **MUST** complete AC Zoning Application and show location of unit on the survey of property indicating distance from condenser to front, side and rear yard property lines.

If you are installing BOTH a FURNACE & AC,
A completed Fire Subcode Technical Section and Chimney Verification Form are also required.
SD/CO Compliance form Completed

Incomplete applications will be returned. Thank you for your anticipated co-operation with regard to the permit application process.



AC Replacement Zoning Application Block _____ Lot _____ Zone _____

Work site Address _____

Property Owner _____

Address of Owner _____

Telephone # _____

Existing Use _____ Proposed Use _____

Brief Description 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 applicable laws of this jurisdiction.

Signature Contact #

My lot is on a corner parcel _____ My lot is an interior parcel _____

Existing setbacks: Front yard _____ smallest side _____ aggregate _____

Second front _____ rear yard _____

Proposed setbacks: Front yard _____ smallest side _____ aggregate _____

Second front _____ rear yard _____

Ground floor existing _____ sq. ft. proposed _____ sq. ft. total _____ sq. ft.

Sq. ft. of lot _____ % of lot covered by bldg. _____ % of improved lot cover _____

Building height _____

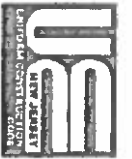
Fencing: Type _____ height _____

This application is approved _____ denied _____

Application fee \$ 25.00 Rec'd Cash/Check Construction Control # _____

Approval Date _____

Janet Doherty
Zoning Official



ELECTRICAL 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: _____

Tel (____) _____ e-mail _____

Address _____
Contractor _____
Address _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

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	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
[] No Plans Required	Rough	
[] Partial -Under-slab Utilities Approved	Barrier-Free	
Date: _____ Approved by: _____	Trench	
[] Electric Plans Approved	Temp. Serv.	
Date: _____ Approved by: _____	Constr. Serv.	
Joint Plan Review Required:	TCO	
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other	
SUBCODE APPROVAL FOR PERMIT	Services	
Date: _____	Final	
Approved by: _____	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	

U.S.C. F 120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Contract #
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 and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] 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 1/4 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 \$ _____



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 _____
City _____ 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)
PLAN REVIEW
 No Plans Required
 Partial -Understlab Utilities Approved
Date: _____ Approved by: _____
 Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
 Bldg. Elec. Fire. Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

INSPECTIONS	Type:	Dates (Month/Day)		
		Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	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	_____
_____	Grease trap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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



FIRE PROTECTION 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 _____

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.
Applicant/Contractor sign here: _____

Owner In Fee: _____

Tel (_____) _____ e-mail _____

Address _____

Contractor _____

Address _____

D. TECHNICAL SITE DATA
[] Certified Contractor [] Exempt Applicant
Print name here: _____
DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible Capacity _____
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fire Suppressor/Standpipe System: [] New OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____ Location of Main Control Valve: _____
Location: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Alarm System			
<input type="checkbox"/> Partial - Under-slab Utilities Approved	Suppression Sys.			
Date: _____ Approved by: _____	Standpipe			
<input type="checkbox"/> Fire Protection Plans Approved	Fire Pump			
Date: _____ Approved by: _____	Pre-Eng. System			
Joint Plan Review Required:	Mechanical			
[] Bldg [] Elec [] Plumb. [] Elev.	Smoke Control			
SUBCODE APPROVAL FOR PERMIT	TCO			
Date: _____	Flam/Combust Tanks			
SUBCODE APPROVAL FOR CERTIFICATE	Fireplace Venting			
[] CO [] CCO [] CA	Final			
Date: _____	Other			
Approved by: _____				

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, puls. water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

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



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual _____ Company _____

Address _____
Street City State Zip Code

Tel: (____) _____ Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

- Oil to Gas Conversion
- Gas to Oil Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other _____

Existing Vent/Chimney:

- "B" Label Vent
- "L" Label Vent
- Flexible Liner
- Power Vent/Exhauster

Size _____

- Chimney-Interior
- Chimney-Exterior
- Masonry Chimney-Tile Lined
- Masonry Chimney-Unlined
- Other _____

Type

Fuel Type

BTU Rating (Input/hour)

Appliance 1: _____ Oil / Gas / Other: _____

Appliance 2: _____ Oil / Gas / Other: _____

Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____ Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.*



Florham Park Construction Department
111 Ridgedale Avenue
Florham Park, NJ 07932
973-410-5346 Fax 973-410-5490

**CERTIFICATION OF ONE AND TWO FAMILY DWELLING
SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE**

Dwelling Location: Block _____ Lot _____
Street _____
Municipality: Borough of Florham Park County: Morris
Property Owner Name: _____

Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27, & 6.31.
An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977, shall be maintained in working order.

*****HOMEOWNER*****

- ___ My home already complies with the requirements of Carbon Monoxide Detectors
- ___ My home already complies with the requirements of Smoke Detectors
- ___ I will install the required detectors prior to calling for final inspections

I do hereby certify that the detectors and alarms are installed as stated above and are in working order.

Homeowner Signature: _____ Date: _____

Or

*****CONTRACTOR/AGENT*****

___ This is to certify that the required Carbon Monoxide (CO) detectors were installed, as stated above, by us and are in working order.

Contractor/Agent Signature: _____



Florham Park Construction Office
Phone 973-410-5346 Fax 973-410-5490

Kevin Guilfoyle, Construction Official
KGuilfoyle@FPboro.net or 973-410-5352

The Construction Department operates weekdays from 9:00 am until 4:30 pm.
Janet Doherty (JDoherty@FPBoro.net) is the Technical Assistant to the Construction Official
and Florham Park Zoning Official.

Permit applications accepted daily from 9:00 am until 1:30 pm and from 3:00 until 4:00 pm

Inspection requests require the following information:

- 1) Permit number
- 2) Type of inspection requested (Building, Electrical, Fire, Plumbing)
- 3) Day of the requested inspection.
- 4) Telephone number for contact purposes if your request cannot be accommodated.

Minimum of 24 hour notice for all inspection requests, ALL TIMES ARE APPROXIMATE:

Building inspections are Monday thru Thursday 9 am to 4 pm

Fire inspections are Tuesday 8-12 Thursday 12-5 pm

Electrical inspections are Monday thru Friday, 11:00 am to 3 pm.

Plumbing inspections are Monday thru Friday, 12:00 pm to 4 pm.

Please be aware that due to the volume of Construction jobs, we cannot give exact times for these inspections.

Contractors MUST INSTALL 6 ft chain link fence, per Ordinance NO. 13-15 around perimeter of excavation site prior to scheduling inspection. NO FENCE, NO INSPECTION.

Required inspections pursuant to N.J.A.C. 5:23-2.18 for all new buildings, additions, renovations, alterations:

- 1) Footing inspection-bottom of the trench PRIOR to pouring of concrete
- 2) Foundation inspection PRIOR to the placement of backfill.
 - 2 a) Foundation Location Survey REQUIRED for new construction
- 3) Electrical rough wiring
- 4) Plumbing rough installations
- 5) Slab inspection PRIOR to placement of concrete
- 6) Framing inspections AFTER rough electric/plumbing passed-PRIOR to insulation
- 7) Insulation inspection PRIOR to sheetrock
- 8) Final electric, final plumbing, final fire inspections
- 9) Final building inspections
- 10) No Certificates of Occupancy shall be issued PRIOR to submittal & Approval of Final As Built Survey and final surface grading inspection approvals by town Engineer Assistant, James DePalma (973-410-5334) & Morris County Soil District, Sheila Hall (973-285-2953).

Failure to comply with the above required inspections as indicated in N.J.A.C. 5:23-2.18 will result in administrative penalties of not more than \$500.00 as permitted in N.J.A.C. 5:23-2.31b