



FLORHAM PARK BOROUGH CONSTRUCTION DEPARTMENT
111 RIDGEDALE AVENUE
FLORHAM PARK, NJ 07932
973-410-5346 (FAX) 973-410-5490

Dear Applicant,

Please note that all permit applications for additions or new structures require the following:

Construction permit application folder completed and signed.

Technical sub-code forms completed, signed and sealed for all applicable work of building, electric, plumbing and fire. Specifications of all mechanical equipment to be installed.

Three sets of drawings with Zoning Table & reflecting framing details, electrical schematic, plumbing riser diagram, gas riser diagram, smoke detector/carbon monoxide detector, etc.

Zoning application form completed with a copy of survey, (less than 10 years old) including title block, reflecting the existing and proposed setbacks.

Surface grading application with three copies of survey including title block; one copy reflecting the existing surface grading and one copy reflecting proposed surface grading.

Tree removal/planting form completed even if no trees are to be removed or planted.

Copy of Home Improvement Contractor's License or New Home Warranty Bldrs. License

Completed COAH form to be returned directly to Tax Assessors office.

Completed Sanitary Sewer Application submitted to FP Sewerage Utility @973-377-1330

Please allow twenty business days to process permits as per UCC, NJ edition.

NOTE: Per Chapter 176-3 (see attached) All new or rerouted service utilities shall be installed underground.

***All excavation requires enclosure perimeter fence six feet high and ten feet off of excavation site prior to construction.*

Incomplete applications will not be accepted. This is for the protection of the applicant to ensure that the plan review process occurs in a timely fashion.

Underground utility installation.

[Added 12-17-2015 by Ord. No. 15-23]

A.

To the fullest extent possible, all new or rerouted electrical, telephone, cable and/or similar building service utilities shall be installed underground from a utility pole within the public right-of-way located on the same side of street onto the property in question and to the building it will service. All work shall comply with the Borough Code and the appropriate codes, utility company standards and specifications adopted and in effect at the time of their installation. It is also the Borough's desire to limit the number of underground conduits serving the property in question. Therefore, every effort shall be made by the owner or his agent to coordinate the installation of multiple underground utilities, such as electrical, telephone, cable and/or similar systems, by utilizing one utility pole servicing the property in question and by combining certain utilities into one conduit as permitted by applicable codes and utility company standards. Upon completion of the underground utility installation, as-built plans, in scale and in a manner acceptable to the Borough, indicating the location of the utilities shall be submitted to the Borough for inclusion with the appropriate permitting file.

B.

It shall be the owner's, applicant's and/or agent's responsibility to coordinate the installation with the appropriate utility as well as securing any easements, if necessary, for the timely installation. It shall be the responsibility of the owner to obtain and pay for any permits necessary for the proper installation of the work in question. In addition, it shall be the owner's responsibility to ensure that the required inspections are conducted to ensure compliance with the appropriate codes, standards and specifications.

§ 176-4 Underground utility installation appeals.

[Added 12-17-2015 by Ord. No. 15-23]

A.

All applications for the installation of new electrical, telephone, cable and similar building utility services shall, to the fullest extent possible, comply with these requirements. Where the proposed installation is technically infeasible, or creates "undue hardship," or is not practical due to such conditions as, but not limited to: potential flood hazard, unstable or expansive soils, etc., an owner, applicant and/or agent may appeal the requirement to the appropriate authority having jurisdiction. Notwithstanding the requirements contained mandating the underground installation of new electrical, telephone, cable and similar services, an owner, applicant and/or agent aggrieved by these requirements may make an initial appeal to the Borough Engineer, Borough Construction Official and/or the Director of Community Services for relief. After consultation and review, their recommendation shall be made to the Borough Administrator, who shall make a final determination as to whether relief from the requirements of a mandatory underground installation is warranted.

B.

After careful review, should a request for relief be denied by the Borough Administrator, the owner, applicant and/or agent may request relief by filing for a variance under the Municipal Land Use Law (N.J.S.A. 40:55D-1 et seq.).



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



Florham Park Construction Department
111 Ridgedale Ave.
Florham Park, NJ 07932
Ph. – 973-410-5346 Fax – 973-410-5490
Kevin Guilfoyle, Construction Code Official
Building Subcode Official

The following is a list of certifications that you may be required to submit to the Building Department during the course of your project.

All information must be forwarded to the Building Inspector shortly after being requested in order to avoid any project delays.

1. All soil compaction reports, footing, slab, etc. BEFORE footing inspection
2. Report from engineer re footing & foundation re-bar installation (Commercial only)
3. Report from engineer re slab design to include reinforcing (Commercial only)
4. Foundation location survey (ALL new buildings and any BOA Approved Additions (Residential AND Commercial) MUST be received at framing inspection
5. Concrete compressive strength 7 to 28 day report (Commercial and multi-unit residential)
6. Wooden truss report to include installation as per design and any and all repairs made (Commercial and multi-unit residential)
7. Steel report to include all welds, bolting and decking (Commercial)
8. Fire Stopping, Fire proofing and draft stopping depending on magnitude of project, certified by architect (Commercial and Condo)
9. Any modular units or pre-fabricated panels (i.e. superior walls, modular) Certifications by Engineer & Manufacturer (Residential, Commercial & Condos)
10. Copies of any warranties for certain types of roof covering systems (New Commercial)
11. HVAC balancing report (New Commercial)
12. Energy Efficiency Certificate (Residential)
13. Home Warranty (Residential)
14. Height certification included on final as-built survey

Additional information may be necessary prior to the issuance of a Certificate of Occupancy

Kevin Guilfoyle
Construction Official

ZONING APPLICATION Control # _____ Date Submitted _____

Work Site Address: _____ Blk. _____ Lot _____

Property Owner: _____ Phone #: _____

Owner's Email: _____ Owner's Address _____

Agent/Contractor _____ Agent/Ctr. Address _____

Agent/Contractor Email _____ Agent/Ctr. Phone # _____

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 am the owner or 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. I certify that the answers on this Zoning Application are true and complete to the best of my knowledge.

Signature _____ Name(Print) _____ Address _____

My Lot is on a: Corner Parcel _____ Interior Parcel _____ Sq. Footage of Lot is _____ Zone _____

<u>SETBACKS</u>	<u>EXISTING</u>	<u>PROPOSED:</u>	<u>REQUIRED:</u>
Front Yard	_____	_____	_____
Second Front Yard	_____ (If corner parcel)	_____	_____
Rear Yard	_____	_____	_____
Smallest Side Yard	_____	_____	_____
Side Yard Aggregate	_____	_____	_____
Principal Structure: Building Height	_____	_____	_____

Ground Floor: Existing: _____ Sq. ft. Proposed _____ Sq. Ft. Total of Both _____ Sq. Ft.

*** of Lot Covered by Building Structures (Including roof overhangs, sheds & detached Bldgs) _____ %

(SEE PAGE 2 for calculation worksheet)

*** of Improved Lot Coverage _____ % (Includes Building Structures and everything else i.e. driveways, walkways, decks, patios etc.) (SEE PAGE 2 for calculation worksheet)

A sealed survey, less than 10 years old, MUST be submitted with all applications

NOTE: FOUNDATION LOCATION SURVEY AND ELEVATION HEIGHT MUST BE SUBMITTED PRIOR TO FRAMING

Fencing: Type: _____ Height _____

Proposed Setbacks: Side Yard _____ Rear Yard _____ Front Yard _____

(Minimum six inches inside property line for side & rear yard)

Patio: _____ Sq. Ft. Swimming Pool: In Ground _____ Above Ground _____

Proposed Setbacks: Left Side Yard _____ Right Side Yard _____ Rear Yard _____

WORKSHEET

Description	Existing(SF)	Proposed(SF)	Required	Comments/Notes
Main Dwelling including ALL roofed area WITH overhangs	_____	_____	_____	_____
Accessory Buildings including ALL roofed area with overhangs	_____	_____	_____	_____
*TOTAL BUILDING AREA	_____	_____	_____ (SF)	_____
Accessory Structure POOL including coping	_____	_____	_____ (SF)	_____
Accessory Structure DECK	_____	_____	_____ (SF)	_____
Accessory Structure PATIO	_____	_____	_____ (SF)	_____
Driveway	_____	_____	_____ (SF)	_____
Walkways	_____	_____	_____ (SF)	_____
Equipment i.e AC/Generator/pool equipment etc.	_____	_____	_____ (SF)	_____
Other _____	_____	_____	_____ (SF)	_____
Other _____	_____	_____	_____ (SF)	_____
Other _____	_____	_____	_____ (SF)	_____
**TOTAL IMPROVED AREA including building area above	_____	_____	_____ (SF)	_____

This application is Approved _____ DENIED _____ Control # _____

Application Fee \$ _____ Received Date _____ Check# _____ Cash _____

Zoning Officer: _____ Date _____

Janet L. Doherty, Zoning Officer

ZONING Attachment 1 - Borough of Florham Park - 250-9. Schedule of Area, Yard and Building Requirements

Amended 5-15-2001 by Ord. No. 7-01; 4-23-2002 by Ord. 7-02; 4-26-2005 by Ord. 17-05; 6-17-08 by Ord. 08-21; 2-15-18 by Ord. 18-2; 5-17-2018 by Ord. No.18-9; 5-17-2018 by Ord. No.18-11; 5-17-2018 by Ord. No.18-12

Zone	Principal Building Setbacks										Minimum Lot Requirements (square feet/acres)	Maximum Building Coverage (%)	Maximum Improved Lot Coverage (%)	Detached Accessory Building Setbacks							
	Interior Lots					Corner Lot								Maximum Height, 15 Feet, 1 Story ¹⁰							
	Front (feet)	Side (feet)	Rear (feet)	Front (feet)	Street Side (feet)	Street Inside (feet)	Rear (feet)	Percentage of Lot Width or Feet	Maximum Building Height (feet)	Maximum Building Height (stories)				Minimum Habitable Floor Space (square feet)	Area (Sq. Ft./acres)	Width (feet)	Depth (feet)	Maximum Building Coverage (%)	Front (feet)	Street Side (feet)	Side (feet)
R-7	40	10	30	40	40	10	30	20%	35	2	1,200	7000	60 ¹	115	Notes 8 & 9	50	50	10	10	Note 7	
R-15	40	10	40%	40	40	10	40%	20%	35	2	1,200	15,000	100 ¹	150	Notes 8 & 9	50	50	10	10	Note 7	
R-25	50	15	40	50	50	15	40	24%	35	2	1,500	25,000	125 ¹	150	Notes 8 & 9	60	60	15	20	Note 7	
R-44	50	20	50	50	50	20	50	28%	35	2	1,800	43,560	140 ¹	160	Notes 8 & 9	60	60	20	20	Note 7	
R-88	50	50	50	50	50	50	100	100 feet	35	2	1,800	87,120	140 ¹	160	Notes 8 & 9	50	50	20	20	Note 7	
B-1	20	10	20	20	20	10	10	--	35 ²	--	--	--	150	20	Same as for principal building					--	
PB-1	40	20	40	40	40	20	40	--	30 ³	--	--	1 acre	150	15 (1 story) 10 (2 story)	60	--	--	--	--	--	
PB-2	30	15	30	30	30	15	30	--	35 ³	--	--	15,000	100	20 ⁴	60	--	--	--	--	--	
C-1 MF Multifamily Option	100	50	50	100	50	--	--	--	35	--	800	40 acres	300	300	15	Same as for principal building					--
C-1 and C-2	150 ⁵	50	50	150 ⁵	100	50	50	--	40 ⁶	--	--	5 acres	300	--	35	Same as for principal building					--
C-3	100	75	75	100	100	75	75	--	45	--	--	15 acres	300	200	25	Same as for principal building					--
C-4	100	75	75	100	100	50	75	--	45	--	--	15 acres	300	200	25	Same as for principal building					--
MF-1 and MF-3	135	25	25	135	135	25	25	--	35	--	1,400	5 acres	300	300	25	Same as for principal building					--
MF-2	100	25	25	100	100	25	25	--	35	--	850	5 acres	100	300	25	Same as for principal building					--
MF-4	100	20	20	50	50	20	20	--	40	--	600	5 acres	100	300	30	Same as for principal building					--
MF-6 ¹¹									55	3		5 acres			30	60					
MF-8 ¹²									55	3		2 acres			30	60					
MF-9 ¹³									45	3		5 acres			30	50					
OSR	50	15	40	50	40	15	40	--	35	--	--	1 acre	200	200	30	Same as for principal building					--
OSM	50	15	40	50	40	15	40	--	35	--	--	1 acre	200	200	30	Same as for principal building					--

NOTES:

- ¹ In residence zones R-15, R-25 and R-44, the minimum lot width specified above shall be increased by 25 FT in the case of corner lots
- ² An office building may be erected to no more than 50 feet in height upon the condition that for each five-foot increase above 35, there shall be an additional three feet of front yard setback
- ³ In the PB Zone, no building shall have more than two stories.
- ⁴ In the PB -2 Zone, the maximum building coverage shall be 10% for two-story buildings.
- ⁵ All lots having frontage on and along both sides of Vreeland Road and Fernwood Road shall have a front yard setback of 100 feet.
- ⁶ See Borough Ord. No 6-99A.
- ⁷ The maximum front yard setback shall be within 10 feet of the average front yard setback of all lots or portions of lots within 200 feet of the subject property on the same side of the block. To the extent that this provision conflicts with the minimum front yard setback, the minimum front yard setback requirements shall prevail. For the purposes of this regulation, the front yard setback shall be measured to the facade of the structure that contains the principal entrance or front door to the dwelling
- ⁸ Per Ord. No 18-2, Section 5-250-14A Amended: Sheds less than 100SF do NOT count towards the Building Coverage. However, they DO count towards Total Improved Lot Coverage.
- ⁹ Per Ord. No 18-2, Section 5-250-14A Amended: Sheds less than 100SF do NOT count towards the Building Coverage. However, they DO count towards Total Improved Lot Coverage.
- ¹⁰ Per Ord. 17-05 All other references to accessory Bldg. height is repealed.
- ¹¹ See Sec. 250-140 for additional provisions ¹² See Sec. 250-144 for additional provisions ¹³ See Sec. 250-148 for additional provisions

Lot Area SF	% Bldg. Coverage	Lot Area SF	% Bldg. Coverage	% Bldg. Coverage	
				Lot Area SF	% Bldg. Coverage
less than 7,000	20	20,000 to 22,499	20	20,000 to 22,499	14.0
7,000 to 7,999	19.5	22,500 to 24,999	19.5	22,500 to 24,999	13.5
8,000 to 8,999	19	25,000 to 27,499	19	25,000 to 27,499	13.0
9,000 to 9,999	18.5	27,500 to 29,999	18.5	27,500 to 29,999	12.5
10,000 to 10,999	18	30,000 to 32,499	18	30,000 to 32,499	12.0
11,000 to 11,999	17.5	32,500 to 34,999	17.5	32,500 to 34,999	11.5
12,000 to 12,999	17	35,000 to 37,499	17	35,000 to 37,499	11.0
13,000 to 13,999	16.5	37,500 to 39,999	16.5	37,500 to 39,999	10.5
14,000 to 14,999	16	40,000 to 42,499	16	40,000 to 42,499	10.0
15,000 to 17,499	15.0	42,500 to 44,999	15.0	42,500 to 44,999	9.5
17,500 to 19,999	14.5	45,000 or greater	14.5	45,000 or greater	9.0

NOTE: The complete Florham Park Zoning Code can be found at WWW.ECODE.COM

CONSTRUCTION SITE MAINTENANCE

ATTENTION ALL CONTRACTORS AND PROPERTY OWNERS

CONSTRUCTION SITES **MUST** COMPLY with Florham Park Ordinances Chapter 155 Noise, 159 Nuisances, 250-27 Prohibited Uses and 188-23 & 24 Maintenance.

The following are some key items to be aware of during construction.

- 6' high fence **MUST** be installed around entire perimeter of the construction site (i.e New construction, additions & pools)
- All sites shall be graded and maintained to prevent (1)soil erosion (install silt fencing) and (2)accumulation of stagnant water for more than 72 hours
- NOISE- Must comply with FP Ordinance 155-6
 - Operation of equipment and power tools is only allowed in a residential area between the hours of 7 A.M. – 6 P.M. weekdays, and 9 A.M. – 6 P.M. on weekends and holidays
- ALL sites **MUST** be maintained in a clean, safe and sanitary condition (must provide working bathroom facility or portable toilet)
- Outdoor Storage of Building Supplies or equipment on an **INACTIVE** Construction site is prohibited under 250-27
- Weeds, brush, refuse and garbage etc. must be removed or contained in a trash receptacle. Grass **MUST** be cut (no more than 6" high)
- Sidewalks and paths including those in the public easement, must be maintained in a proper state of repair and kept clear from hazardous conditions.
- Ground surface hazards such as holes, excavations, projections, obstructions should be properly marked and protected until hazard has been eliminated
- Snow & ice must be removed from sidewalks & walkways promptly, no later than 48 hours after the storm

Failure to comply with any of the above may result in the issuance of a municipal summons requiring an appearance in court and may lead to a monetary penalty.

Owner/Agent Signature _____ Date _____

Print Name: _____ Contact Phone # _____

PERMIT ISSUANCE CHECKLIST

Address _____

BLK. _____ Lot _____

Zoning Approval _____

Bldg. Approval _____

Res Check _____

Fire Approval _____

Electrical Approval _____

DR# _____

Plumbing Approval _____

Bldrs. Registration _____

Home Improvement _____

FP Eng'g Approval _____

Morris Cty. Soil Approval _____

COAH Fee _____

Sewer Approval Connection/Reconnection Fee Paid _____

Water Approval _____



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: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

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: (____) _____

JOB SUMMARY (Office Use Only) PLAN REVIEW

Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required		Type: Footing				
<input type="checkbox"/> All		Footing Bonding				
<input type="checkbox"/> Footings/Foundations		Foundation				
<input type="checkbox"/> Structural/Framework		Slab				
<input type="checkbox"/> Exterior		Frame				
<input type="checkbox"/> Interior		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				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

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 _____

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

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:	HEIGHT (exceeds 6') Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building		\$ _____
<input type="checkbox"/> Addition		\$ _____
<input type="checkbox"/> Rehabilitation		\$ _____
<input type="checkbox"/> Roofing		\$ _____
<input type="checkbox"/> Sliding		\$ _____
<input type="checkbox"/> Fence		\$ _____
<input type="checkbox"/> Sign		\$ _____
<input type="checkbox"/> Pool		\$ _____
<input type="checkbox"/> Retaining Wall	Sq. Ft.	\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8		\$ _____
<input type="checkbox"/> Lead Haz Abatement NJAC 5:17		\$ _____
<input type="checkbox"/> Radon Remediation		\$ _____
<input type="checkbox"/> Other		\$ _____
<input type="checkbox"/> Demolition		\$ _____

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



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: _____ 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. 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
 No Plans Required
 Partial -Understab Utilities Approved
Date: _____ Approved by: _____
 Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
 Bldg. Plumb. Fire. Elev.
SUBCODE APPROVAL FOR PERMIT
Date: _____
Approved by: _____

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Rough	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Trench	_____	_____	_____	_____
Temp. Serv.	_____	_____	_____	_____
Constr. Serv.	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Service	_____	_____	_____	_____
Final	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Approved by: _____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final Cut-in-Card Date Issued	_____	_____	_____
Date: _____	Annual Pool Inspection	_____	_____	_____
Approved by: _____	Date of Grounding and Bonding Certification	_____	_____	_____

U.C.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 _____
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 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 Over/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 _____
street municipality zip code

Contractor: _____ Tel. (____) _____
street municipality zip code

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		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required					
<input type="checkbox"/> Partial -Under/Slab Utilities Approved					
Date: _____ Approved by: _____					
<input type="checkbox"/> Plumbing Plans Approved					
Date: _____ Approved by: _____					
Joint Plan Review Required:					
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: _____					
Approved by: _____					
SUBCODE APPROVAL FOR CERTIFICATE					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA					
Date: _____					
Approved by: _____					

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

QTY.	DESCRIPTION OF WORK	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	\$ _____
_____	LPGAS TANK	\$ _____
_____	STEAM BOILER	\$ _____
_____	HOT WATER BOILER	\$ _____
_____	SEWER PUMP	\$ _____
_____	INTERCEPTOR/SEPARATOR	\$ _____
_____	BACKFLOW PREVENTER	\$ _____
_____	GREASETRAP	\$ _____
_____	SEWER CONNECTION	\$ _____
_____	WATER SERVICE CONNECTION	\$ _____
_____	SLACKS	\$ _____
_____	Other _____	\$ _____

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



FIRE PROTECTION 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 _____

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

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New or [] Modification to Existing
Fuel Type: [] Gas [] Oil [] Electric [] Solar
Location: _____
Total Cost of Fire Protection Work \$ _____

Exp. Date _____
FAX: (_____) _____
Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible
Capacity _____
Fire Alarm System: [] New or [] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[] New or [] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial - Under/Slab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] 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				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

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: _____

Print name here: _____

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, puls. water/flow) _____
Supervisory Devices (i.e., tamper, 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 _____
CO₂ 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 \$	_____

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.

EFFECTIVE IMMEDIATELY:

A FOUNDATION LOCATION SURVEY AND TOP OF BLOCK ELEVATION MUST BE SUBMITTED TO THIS OFFICE FOR REVIEW AND APPROVAL AS SOON AS PRACTICAL; BUT IN NO CASE LATER THAN THE REQUEST FOR A FRAMING INSPECTION PER N.J.A.C 5:23-2.18. FAILURE TO PROVIDE THE REQUIRED SURVEY WILL PREVENT YOU FROM OBTAINING ANY FURTHER INSPECTIONS.

§ 5:23-2.18(a)1ii(1) Inspections

(1) For new construction, a foundation location survey showing all building corners of the foundation shall be submitted to the construction official as soon as possible after the installation of the foundation wall. A land surveyor licensed in the State of New Jersey shall prepare the survey. The proposed foundation location as shown on the original plot plan shall also be shown on the foundation location survey.

(A) Exception: A foundation location survey shall not be required for additions, decks, swimming pools, sheds as described in 5:23-9.9 or similar structures.

(2) For new construction and additions, the foundation location survey for a building that is located in a flood plain shall include flood hazard certificates as required by section 1612.5 of the building subcode or section R301.2.4 of the one-and two-family dwelling subcode.

PERMIT # _____

LOT: _____ BLOCK: _____

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, Initials and dates in spaces provided. Building Inspector Initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

- 1. ANCHORAGE:**
- BOLTS**
- | | | | | | |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | SPACING | <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE |
| <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE | <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES |
| <input type="checkbox"/> B | <input type="checkbox"/> I | STRAPS | <input type="checkbox"/> B | <input type="checkbox"/> I | TREATMENT |
| <input type="checkbox"/> B | <input type="checkbox"/> I | SPACING (PER MANUFACTURER'S SPECS) | <input type="checkbox"/> B | <input type="checkbox"/> I | LAPS |
| <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE | <input type="checkbox"/> B | <input type="checkbox"/> I | SILL SEALER |
| | | | <input type="checkbox"/> B | <input type="checkbox"/> I | PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST) |
| | | | <input type="checkbox"/> B | <input type="checkbox"/> I | TERMITE PROTECTION |
- 2. SILL PLATES:**
- | | | | | | |
|----------------------------|----------------------------|--------------------------------------------------------------|----------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE | <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES |
| <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES | <input type="checkbox"/> B | <input type="checkbox"/> I | TERMITE PROTECTION OR CLEARANCE |
| <input type="checkbox"/> B | <input type="checkbox"/> I | TREATMENT | | | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | LAPS | | | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | SILL SEALER | | | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST) | | | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | TERMITE PROTECTION | | | |
- 3. BEAM POCKETS:**
- | | | | | | |
|----------------------------|----------------------------|---------------------------------|--|--|--|
| <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING/SHIMS | | | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | TERMITE PROTECTION OR CLEARANCE | | | |
- 4. COLUMNS:**
- | | | |
|----------------------------|----------------------------|-------------------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | SIZED PER PLAN |
| <input type="checkbox"/> B | <input type="checkbox"/> I | ATTACHMENT/PLATES |
| <input type="checkbox"/> B | <input type="checkbox"/> I | SPACING/LOCATION |
| <input type="checkbox"/> B | <input type="checkbox"/> I | PAINT/COATING |

B. FLOOR FRAMING AND FLOORING

- 1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:**
- | | | | | | | | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------|-------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 1 ST | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 2 ND | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 3 RD | FLOOR |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | SINGLE OR DOUBLE | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | PRE-ENGINEERED PER MANUFACTURER'S SPECS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | PRE-ENGINEERED PER MANUFACTURER'S SPECS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | CANTILEVERS AS PER DESIGN | |
- 2. GIRDERS AND BEAMS:**
- | | | | | | |
|----------------------------|----------------------------|-----------------------------------|----------------------------|----------------------------|-----------------------------------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | SIZED PER PLAN | <input type="checkbox"/> B | <input type="checkbox"/> I | TYPE |
| <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES | <input type="checkbox"/> B | <input type="checkbox"/> I | LOCATION AND RELATION TO THE PLAN |
| <input type="checkbox"/> B | <input type="checkbox"/> I | LOCATION AND RELATION TO THE PLAN | <input type="checkbox"/> B | <input type="checkbox"/> I | NAILING |
| <input type="checkbox"/> B | <input type="checkbox"/> I | ATTACHMENT SCHEDULE | <input type="checkbox"/> B | <input type="checkbox"/> I | ATTACHMENT SCHEDULE |
| <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING | <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING |
| <input type="checkbox"/> B | <input type="checkbox"/> I | LAPPING | <input type="checkbox"/> B | <input type="checkbox"/> I | LAPPING |
- 3. FLOOR JOIST:**
- | | | | | | | | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|-------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 1 ST | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 2 ND | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 3 RD | FLOOR |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | SIZE PER PLAN | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | GRADE, SPECIES | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | PRE-ENGINEERED COMPONENTS AS SPECIFIED | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | NAILING | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | BRIDGING | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | CUTTING AND NOTCHING (AS PER CODE) | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | POINT LOADS - SUPPORTED AS PER PLAN | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | SPAN HANGERS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | SPAN HANGERS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | HEADERS | |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | FRAMED OPENINGS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | FRAMED OPENINGS | | | | | | |
- 4. FLOORING, SHEATHING, OR DECKING:**
- MATERIAL**
- | | | | | | | | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|-------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 1 ST | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 2 ND | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 3 RD | FLOOR |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | PANEL SPAN, THICKNESS | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | PANEL SPAN, THICKNESS | | | | | | |
- 5. STAIR ATTACHMENT:**
- | | | | | | | | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|-------|
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 1 ST | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 2 ND | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | 3 RD | FLOOR |
| <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | BEARING | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> B | <input type="checkbox"/> I | NAILING | |

SPECIAL REQUIREMENTS

B I EDGE BLOCKING (IF REQUIRED)

B I GAPPING

B I LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: _____

Building Inspector Initials: _____ Date: _____

PERMIT # _____

LOT: _____ BLOCK: _____

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

- 1st 2nd 3rd FLOOR
- SIZE
- SPACE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- HEADER SIZES
- JACK STUD BEARING
- TOP PLATES
- NAILING
- LAPS
- RAFTER TIES
- HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

- 1st 2nd 3rd FLOOR
- SIZE
- SPACE
- LAYOUT - SUPPORT BELOW PER CODE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- FIRE BLOCKING
- HEADER SIZES
- JACK STUD BEARING
- TOP PLATES
- NAILING
- LAPS
- STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

- 1st 2nd 3rd FLOOR
- SIZE
- SPACE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- FIRE BLOCKING
- HEADER SIZES
- TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

- APPROVED DOCUMENTS WHICH SHOW:
- LAYOUT PLANS
 - TRUSS MEMBERS
 - CONNECTION SCHEDULE
 - PERMANENT BRACING DETAILS
 - DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
 - EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- LAYOUT
- SIZE
- TYPE
- NAILING
- OVERLAP
- TERMINATION
- TRANSITION (I.E., CROSS) BRACING

4. SOLID SAWN ROOF FRAMING:

- SIZE
- GRADES, SPECIES
- LAYOUT
- SPACING
- BEARING
- FASTENING
- DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- CUTTING, NOTCHING, AND BORING
- BRIDGING
- RIDGE SIZE
- HURRICANE TIES WHERE APPLICABLE

3. GABLE END BRACING (AS PER DESIGN):

- LAYOUT
- SIZE
- TYPE
- NAILING
- OVERLAP
- TERMINATION

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

- MATERIAL
- PANEL SPAN, THICKNESS
 - SPECIAL REQUIREMENTS
 - GAPPING
 - LAYOUT
 - CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

- MATERIAL
- PANEL SPAN, THICKNESS
 - SPECIAL REQUIREMENTS
 - BLOCKING, EDGE (IF REQUIRED)
 - CLIPS (IF REQUIRED)
 - GAPPING
 - LAYOUT

SHEATHING, FRT - ROOF

- FOUR FEET FROM FIREWALL
- NONCORROSIVE FASTENERS

PERMIT # _____ LOT: _____ BLOCK: _____

AIR BARRIER AND INSULATION CHECKLIST

In the checklist below, *AB* and *I* stand for the *air barrier* and *insulation* inspection components to be verified. The local code official will always verify the *I* components. In the case where the local code official is not verifying the *AB* components, they may be verified by a person independent of the insulation installer, or by the use of a blower door test.

If the permit holder has elected use of a blower door test, documentation of test results verifying air leakage less than 3 air changes per hour when tested per ASTM E 779 or ASTM E 1827 and reported at a pressure of 0.2 w.g. (50 Pa) shall be submitted with this checklist. A passing test demonstrates that the *AB* components are verified.

COMPONENT	CRITERIA	Y, N, OR N/A	COMMENTS	INITIALS	DATE
Floors (including above-garage and cantilevered floors)					
General	I Insulation is installed to maintain permanent contact with underside of subfloor decking.				
	AB Air barrier is installed at any exposed edge of insulation.				
Rim joists	AB Rim joists include an air barrier.				
	I Rim joists are insulated.				
Walls					
General	I Corners and headers are insulated.				
	AB Junction of foundation and sill plate is sealed.				
Crawl space walls	I Insulation is permanently attached to walls.				
	I Exposed earth in unvented crawl spaces is covered with Class I vapor retarder with overlapping joints taped.				
Windows and doors	AB Space between window/door jambs and framing is sealed.				
Garage separation	AB Air sealing is provided between the garage and conditioned spaces.				
Plumbing and wiring	I Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring.				
Shower/tub on exterior wall	I Showers and tubs on exterior walls have insulation.				
	AB Showers and tubs on exterior walls have an air barrier separating them from the exterior wall.				
Electrical/phone box on exterior walls	AB Air barrier extends behind boxes or air sealed-type boxes are installed.				
Ceiling/Attic					
Skylights	AB Space between skylight framing is sealed.				

PERMIT # _____ LOT: _____ BLOCK: _____

COMPONENT	CRITERIA	Y, N, OR N/A	COMMENTS	INITIALS	DATE
Ceiling/Attic	<i>(continued)</i>				
General	AB Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed.				
	AB Attic access (except unvented attic), knee wall door, or drop down stair is sealed.				
Recessed lighting	I Recessed light fixtures penetrating the thermal envelope are air tight, IC-rated, and sealed to drywall.				
Other/All					
Air barrier and thermal barrier	I Exterior thermal envelope insulation for framed assemblies is installed in substantial contact and continuous alignment with building envelope air barrier.				
	AB Breaks or joints in the air barrier are filled or repaired.				
	I Air-permeable insulation is not used as a sealing material.				
	AB Air-permeable insulation is inside of an air barrier.				
Shafts, penetrations	AB Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed.				
Narrow cavities	I Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation.				
HVAC register boots	AB HVAC register boots that penetrate building envelope are sealed to subfloor or drywall.				

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

CO Checklist

Property Address _____

Permit # _____ Blk _____ Lot _____

Bldg. _____

Electric _____

Plumbing _____

Fire _____

Home Warranty _____

CO Application _____

Final COAH Payment _____

Water Dept. Approval _____

Sewer Dept. Approval _____

Morris County Soil _____

FP Engineering _____

Final AS Built Topographic Survey Per 250-7.1.C(4)(k) _____

Bldg. Coverage including Roof Overhangs, Lot Coverage (Includes Bldg & everything else i.e. driveways, walkways, decks, patios, sheds, pools and uncovered porches etc.) First Floor & Garage Elevations

As Built Surveys MUST be submitted 10 days prior (to allow time for review) to anticipated CO date

APPLICATION FOR APPROVAL OF SURFACE GRADING PLAN

To be filed in triplicate with the Borough Engineer two weeks prior to obtaining a Building Permit. Include with this application three copies of the surface grading plan.

NOTE: A revised Surface Grading Plan must be submitted for approval should it be necessary to change the lot grading during construction.

APPLICATION NO. _____ DATE SUBMITTED: _____ DATE RESUBMITTED: _____

TO: ENGINEERING DEPARTMENT OF THE BOROUGH OF FLORHAM PARK

Application is hereby made for the Approval of Surface Grading Plan as set forth in Chapter 250-Zoning of the Florham Park Borough Code and summarized on back of application.

1. APPLICANT'S NAME _____

ADDRESS _____

PHONE NUMBER _____

2. LOCATION OF PROPOSED DWELLING _____

(Street)

(Tax Map Block)

(Lot No.)

3. NAME AND ADDRESS OF PERSON PREPARING PLAN:
NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE OF APPLICANT _____

(DO NOT WRITE BELOW THIS LINE)

REMARKS:

TREE REMOVAL PERMIT REQUIRED? YES (SEE ATTACHED PERMIT) NO

HEIGHT OF BUILDING (PER 250-2.2.) PROVIDED YES NO

TOTAL IMPROVED LOT COVERAGE (PER 250-2.2) PROVIDED YES NO

FEE: \$400 _____ \$150 _____ \$50 _____
(Greater Disturbance) (Smaller Project) (Additional Inspection)

REVIEW OF SURFACE GRADING PLAN:

Approved _____
Disapproved _____
Returned for Revisions _____

BOROUGH ENGINEER

FINAL INSPECTION OF SURFACE GRADING:

Approved _____
Disapproved _____
Returned for Revisions _____
Notified _____

BOROUGH ENGINEER

EXCERPT FROM ORDINANCE # 08-41

SURFACE GRADING PERMIT REQUIREMENTS FOR ALL RESIDENTIAL ZONES

In order to protect against adverse consequences from surface water runoff, a Surface Grading Plan is required for any proposed residential lot improvements that includes land disturbance, excavation, placement of fill, or changes to the existing surface grades. The Surface Grading Permit shall be considered a "prior approval" under the Uniform Construction Code, and no construction permit shall be issued unless the Applicant has obtained a Surface Grading Permit. The Surface Grading Plan shall be prepared by a Professional Engineer and/or Architect licensed in the State of N.J., unless land disturbance is less than one thousand (1000) sq. ft., and land disturbance for the purpose of constructing a building addition to an existing residential dwelling is less than 600 sq.ft., then the plan may be prepared and submitted by a homeowner: provided sufficient technical information is included. In addition to the conditions listed above, any Surface Grading Plan that proposes land disturbance greater than 5,000 sq.ft. shall be submitted with an approved Soil Erosion and Control Plan issued and approved by the Morris County Soil Conservation District. Any Surface Grading Plan proposing construction of a new residential dwelling shall be submitted with an approved Soil Erosion and Control Plan or a Letter of Exemption from the Morris County Soil Conservation District. Every application for a building permit involving excavation or change in grades for a single-family dwelling shall be accompanied by a Surface Grading Plan which has been submitted to and approved by the Engineering Department.

Three copies of a signed Surface Grading Application and Plan shall be submitted. For Surface Grading Plan requirements, please go to www.florhamparkboro.net, click "Borough Code" Tab, and open Chapter 250-7.1.

Surface grading permit fee.

(a) A fee of \$400 shall be imposed for each permit for any proposed land disturbance of greater than 1,000 square feet and any proposed land disturbance for the purpose of constructing a building addition to an existing residential dwelling greater than 600 square feet; otherwise, a fee of \$150 shall be imposed for smaller projects.

(b) The fee shall cover the cost of a preliminary site visit, review of initial submission and one revision, issuance of surface grading plan approval, two random site inspections in addition to required inspections, and final approval of surface grading prior to issuance of a certificate of occupancy, temporary certificate of occupancy, or the release of any performance guarantee that may have been posted for incomplete site work.

(c) An additional fee of \$50 for each review of plans with substantial revisions and each additional inspection other than those noted above shall be charged to the applicant. Fees shall be paid prior to issuance of a certificate of occupancy or a temporary certificate of occupancy.

Liability of applicant.

The applicant is responsible for the prevention of damage to other properties, and personal injury, which may result from the activity requiring the surface grading permit.

Violations.

(a) Any person who erects, constructs, alters, repairs, converts, maintains, or uses any building, structure, or land in violation of the requirements of this chapter or an approved surface grading permit shall, upon conviction thereof by any court authorized by law to hear and determine the matter, be liable for a fine of not less than \$400 nor more than \$2,000 or to imprisonment for a term of not more than 90 days, or both, as such court in its discretion may impose. Each day during or on which a violation occurs or continues shall be deemed a separate offense.

(b) If a certificate of occupancy or temporary certificate of occupancy is issued for a property prior to full compliance with a surface grading permit, and full compliance is not effected by a date set forth by the Borough Engineer, then continued occupancy of such property after such date shall constitute a use of such property in violation of this section.

NOTE: PLEASE BE ADVISED THAT AN INSPECTION OF THE SURFACE GRADING MUST BE MADE BY THE ENGINEERING DEPARTMENT PRIOR TO ISSUANCE OF AN OCCUPANCY PERMIT. THE BUILDING DEPARTMENT SHALL BE NOTIFIED OF APPROVAL OF THE FINAL SURFACE GRADING BY THE ENGINEERING DEPARTMENT PRIOR TO THE ISSUANCE OF AN OCCUPANCY PERMIT. REQUEST FOR FINAL INSPECTION MUST BE MADE AT LEAST 24 HOURS IN ADVANCE.



**Tree Removal Permit Application
Engineering Department**

111 Ridgedale Avenue
Florham Park, N.J. 07932

Approved Denied
Permit No. _____

Telephone: 973-410-5335
Email: jdepalma@fpboro.net

Fax: 973-410-5490

Date _____ Block # _____ Lot # _____ Address: _____

Lot Owner Name _____ Zone: _____

Lot Owner Address _____

Lot Owner Telephone _____ Lot Owner Email: _____

Tree Removal Service Company:

Name _____
Address _____
Telephone _____

TREE REMOVAL SCHEDULE

Diameter & Species	Reason for Removal	Replacement Requirement		Quantity and Species of Tree Replacement
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	
		Yes- On-site, Off-site, Bank	No	

The replacement of trees shall occur as prescribed in the following table:

Tree Replacement & Reforestation Schedule	
DBH Caliper of Existing Tree Removed <i>(DBH measured 4'-6" above ground)</i>	Number of Replacement Trees (3" DBH Caliper)
Between 10 & 12 inches	3
Between 12 & 18 inches	4
Between 18 & 24 inches	5
Between 24 & 30 inches	7
Between 30 & 36 inches	10
36 inches or greater	The equivalent of 3" caliper trees or greater needed to equal the DBH of the removed tree

Approximate Tree Removal Start Date: _____
 Total Number of Trees to be removed: _____ Tree Removal Permit Required? YES NO
 Total Number of Replacement Trees Required: _____
 Total Number of Proposed Trees: _____ On-Site: _____ Off-Site: _____ Tree Fund: _____

SKETCH DATA

Sketch data shall be provided on a clear property survey showing the location of the tree(s) to be removed with a DBH of ten (10) inches or greater. Trees to be removed shall be only those trees necessary to permit the construction of buildings or building additions, structures, driveways, septic fields, decks and lawn areas. The trees removed shall not constitute more than one half acre or shall be no more than 50 percent of the lot size, whichever is less. Please mark trees to be removed with X and show replacement trees with O or boldface. Attach survey. Note manner of off-site tree disposal.

Application checklist:

- \$25.00 application fee. (Fee waived if no permit required).
- Mark trees on site to be removed with ribbon or tape for inspection by Borough personnel.
- Sketch Data on Property Survey

Engineering Department

Permit Date: _____ Permit Expiration Date: _____ Permit Fee: Cash Check# _____

Application Reviewed by: _____ Date _____

Field Inspection By: _____ Date _____

Field Notes: _____

Application Approval/Denial Date _____ Reasons: _____

Replacement Tree Inspection Date _____ Final Inspection By: _____

Applicants Signature (I have read and understand the attached Permit Requirements) _____ Date _____

Final Close Out of Permit: Borough Authorization Signature _____ Date _____

CC: Environmental Commission (if Tree Fund), Tree Removal File, Project/Surface Grading Plan File

Permit Requirements

Applicability

On any residential lot that is located in the R-15 zone with a tree removal rate of more than three (3) trees with a ten (10) inch DBH or greater in a two (2) year period; or, any residential lot that is located in all other residential zones with a tree removal rate of more than six (6) trees with a ten (10) inch DBH or greater in a two (2) year period, the property owner shall submit an application for a tree removal permit to the Department of Community Services. The application and development proposal shall conform to the provisions contained herein.

The provisions of this section shall apply to all commercial, industrial and business zoned lots excluding major and minor subdivisions and site plans. Permits are valid for one year from date of issue if no building permit is required, otherwise see ordinance for duration of permits. Permits granted for the removal of trees under the terms and conditions of this ordinance shall run with the land. Once the permit has expired, a new application must be submitted for review and a new permit issued.

For complete text refer to Ordinance #14-14, Chapter 299 Trees

General Guidelines

Prior to taking final action upon any application for tree removal, an inspection of the site shall be made by the Borough Engineer or his or her designee.

Prior to any tree removal, all trees planned for removal must be marked and areas to be cleared identified for inspection by a municipal representative.

The Borough Engineer or his or her designee shall periodically inspect the site throughout the duration of construction in order to ensure compliance with this ordinance. Such inspection shall be made of the site referred to in the application, and of contiguous and adjoining lands, as well as of lands in the vicinity of the application, for the purpose of determining drainage conditions and physical conditions existing thereon.

The Borough official reserves the right to make onsite inspections without prior notification. Permits may be denied if inspections cannot be made.

A plan for tree replacements should be developed before any trees are removed. Please consider the impact of tree removal on privacy screening and erosion in your yard.

A list of all trees to be removed with a DBH equal to or greater than ten (10) inches identified by size and species, including total number of each species to be removed should be shown on the application. No more than ten (10) percent of existing trees with a DBH equal to or greater than ten (10) inches within the area of development/limit of disturbance shall be removed unless the applicant shall replant trees removed in accordance with Section 7 of the Ordinance.

Purpose for tree removal (construction, building addition, street or roadway, driveway, utility easement, recreation area, patio, parking lot, etc.) should be given by the Applicant.

Other information should be submitted as may be deemed necessary in order to effectively process the application.

Design Requirements

Trees to be removed shall be only those trees necessary to permit the construction of buildings or building additions, structures, driveways, septic fields, decks and lawn areas. The trees removed shall

not constitute more than one half acre or shall be no more than 50 percent of the lot size, whichever is less.

Tree Removal Criteria

In addition to the design requirements noted above, the Engineering Department may grant a tree removal permit based upon one or more of the following circumstances:

- Where the location of an existing tree provides no other alternative but to place a structure outside the permitted building setbacks.
- Where the location of an existing tree negatively impacts on an existing septic field.
- Where no other alternative exists for the placement of a building, building addition, structure, septic field, driveway, deck, patio or lawn area, for the recreational use by the inhabitants of the building or dwelling, or any other authorized improvements, but in the vicinity of an existing tree.
- Where the location or growth of a tree inhibits the enjoyment of any outdoor pool, patio or deck.
- Where the location, angle or growth of an existing tree makes it a hazard to structures or human life.

The holder of a tree removal permit shall notify the Engineering Department in writing, by telephone or a personal visit, of the intent to remove trees before cutting them down. This shall be done at least four (4) business days in advance of when the tree removal activity will commence. The notice shall also include information as to the manner of disposal of the removed trees.

Penalties

When regulated trees are removed without a tree removal permit, the affected areas shall be replanted to the satisfaction of the Borough Engineer. A \$250.00 fine will be imposed for failure to notify the Borough Engineer of tree cutting within exception limits. Further a fine per tree for exceeding the limits of cutting within the exception limits for up to and including the allowed number of trees in any and all zones in the Borough will be subject to the following fines: \$1000.00 per tree for anything beyond that number or for any tree cutting without a permit when a permit is required. The removal of trees without a permit would also require replanting trees in accordance with Section 7 of the ordinance.

Replacement Trees and Tree Fund

Replacement tree(s) shall be of nursery grade quality, balled and bur lapped and located on site. Where replacement trees are required but not suitable for the particular site prescribed due to the size of the site, the Applicant may plant tree replacements off-site on Borough owned property or Right-Of-Way pursuant to the Borough's Tree Planting Plan and upon the direction and supervision of the Department of Public Works and/or Borough Engineer; or shall make payment to the Tree Fund in accordance with the Tree Replacement Schedule; or any approved combination thereof. Payments to the Tree Fund are \$325 per replacement tree. The Tree Fund shall be utilized for planting on public lands, as determined by the environmental commission in accordance with standards developed by the Environmental Commission or the Borough's Tree Planting Plan.

The type of replacement tree(s) shall be the same as the species removed from the site or other as approved by the Engineering Department in accordance with standards developed by the Environmental Commission. The planting of all replacement trees shall be done by or supervised by a person with horticultural training in tree care and planting methods.

Newly planted replacement trees shall be monitored for a period of one year to ensure the health of the trees. If the replacement trees die within the one year period, the developer/applicant shall replace the dead tree.

**BOROUGH OF FLORHAM PARK
HOUSING TRUST FUND
DEVELOPMENT FEES**

Name of Owner: _____

Property Address: _____

Block: _____ Lot: _____

Estimated Cost of Construction: \$ _____
(Hard & Soft Cost)

Signature of Person Submitting Estimate: _____

(Print Name & Phone #): _____

1) Estimated equalized assessment (From Tax Assessor): \$ _____

2) Percent Factor: _____

Residential 1%

Density Increase 6% of increased units

3) Preliminary Development Fee: _____
(multiply line 1 by line 2)

4) Amount Collected:
50% of line 3 collected at issuance of building permit: _____
(Please make check payable to: "Borough of Florham Park")

I PRELIMINARY FEE PAYMENT:

Date Paid: _____

Amount Paid: _____
(attach photocopy of check)

(Signature for Building Permit Approval)

II FINAL FEE PAYMENT:

Date Paid: _____

Amount Paid: _____
(attach photocopy of check)

Temporary or Permanent CO - signature

CALL BEFORE YOU DIG
1-800-272-1000
IT'S THE LAW!
NEW JERSEY ONE CALL
DIG SAFELY

Color Code

For Marking Underground
 Utility Lines:
 Red Electric
 Yellow Gas-Oil-Steam
 Orange Communication Cable TV
 Blue Water
 Green Sewer
 White Proposed Excavation

**Required Information
 For Mark-out Request**

Name of Caller Title
 Phone Number Fax Number
 Best Time to Return Call
 Contractor
 Contractor Address
 Work Done for
 Address Telephone Number
 Dig Location
 Municipality Street Address
 Nearest Intersection
 Type of Work
 Extent of Work
 Start Date Start Time

Time Frame Matrix

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Call	Markout	Markout	Markout	Dig							
	Call	Markout	Markout	Markout	Dig	Dig					
		Call	Markout	Markout	•	•	Markout	Dig			
			Call	Markout	•	•	Markout	Markout	Dig		
				Call	•	•	Markout	Markout	Markout	Dig	
					Call	•	Call	Markout	Markout	Markout	Dig
						Call	Call	Markout	Markout	Markout	Dig

- Contractors option to dig on Saturday or Sunday
- Holidays and Saturday & Sunday do not count in three business days allowed for markout.
- Any request received at One Call Center on holiday, weekend or after 5 pm on a business day is considered requested the next business day.

NEW JERSEY STATE HOLIDAYS

New Year's Day	Marin Luther King Jr.'s Birthday
Lincoln's Birthday	Washington's Birthday
Good Friday	Memorial Day
Independence Day	Labor Day
Columbus Day	Election Day
Veteran's Day	Thanksgiving Day
Christmas Day	

DIG SAFELY!
1-800-272-1000
NEW JERSEY ONE CALL
CALL FOR FREE MARKOUTS
3 FULL DAYS BEFORE YOU DIG

CALL BEFORE YOU DIG "DO'S"

1. Call 1800-272-100 before you dig.
2. Call 3 business days in advance, not no more than 10 business days.
3. Commence Excavation within 10 business days or ticket is no longer valid.
4. Obtain New Ticket after 30 business days.
5. All excavators (including Sub-Contractors) **MUST HAVE THEIR OWN TICKETS.**
6. Hand Dig and Locate with 2 feet of a Markout **BEFORE** operating any mechanized equipment.
7. Protect and preserve markings.
8. Plan excavation/demolition/blasting to avoid damage and minimize interference to underground facilities.
9. Excavators shall immediately report any damage caused or discovered to the underground facility.

**DIG SAFELY!
1-800-272-1000
NEW JERSEY ONE CALL
CALL FOR FREE MARKOUTS
3 FULL DAYS BEFORE YOU DIG**

NOISE § 155-6

- (2) Commercial or industrial power tools and landscaping and yard maintenance equipment, excluding emergency work, shall not be operated on a residential property or within 250 feet of a residential property line, between the hours of 6:00 p.m. and 7:00 a.m. on weekdays or between the hours of 6:00 p.m. and 9:00 a.m. on weekends or federal holidays, unless such activities can meet the limits set forth in Tables I and II.² In addition, commercial or industrial power tools and landscaping and yard maintenance equipment, excluding emergency work, utilized on commercial or industrial property shall meet the limits set forth in Tables I and II between the hours of 10:00 p.m. and 7:00 a.m. All motorized equipment used in these activities shall be operated with a muffler. At all other times, the limits set forth in Tables I and II do not apply to commercial or industrial power tools and landscaping and yard maintenance equipment.
- (3) Construction and demolition activity, excluding emergency work, shall not be performed between the hours of 6:00 p.m. and 7:00 a.m. on weekdays or between the hours of 6:00 p.m. and 9:00 a.m. on weekends and federal holidays unless such activities can meet the limits set forth in Tables I and II. All motorized equipment used in construction and demolition activity shall be operated with a muffler. At all other times, the limits set forth in Tables I and II do not apply to construction and demolition activities.
- (4) Motorized snowblowers, snowthrowers, and lawn equipment with attached snowplows shall be operated at all times with a muffler. The limits set forth in Tables I and II do not apply at all times.

MAILING ADDRESS:

Morris County Courthouse
P.O. Box 900
Morristown, NJ 07963-0900



LOCATION ADDRESS:

560 West Hanover Avenue
Morris Township, N.J.
Tel: 973-285-2953
Fax: 973-285-8345

SOIL EROSION AND SEDIMENT CONTROL PLAN
Demolition & Rebuilding of Single Family Homes

July 1, 2005

Attention:

"Tear-downs/Rebuilds" that exceed 5,000 square feet of disturbance are considered a "project" per the New Jersey Soil Erosion and Sediment Control Act.

A "project" includes, but is not limited to, any disturbance of more than 5,000 square feet of surface area, which requires a construction permit per the State Uniform Construction Code and involves the demolition of one or more structures. The 5,000 square feet of soil disturbance takes into account not only the demolition of a previous structure, but also all disturbance that will subsequently take place including the building of a new structure, driveways, tree removal, grading, etc.

The demolition of a structure, such as a single family house, and the subsequent rebuilding of a structure on the same site where the total disturbance exceeds 5,000 square feet is considered a project and therefore must obtain certification by the local Soil Conservation District before any disturbance can proceed.

Please be advised that as per the New Jersey Soil Erosion and Sediment Control Act (NJSA 4:24-42), no project shall be undertaken unless the applicant has submitted to the district with local jurisdiction a plan for soil erosion and sediment control for such project, and the district has certified the plan.

Please contact the Morris County Soil Conservation District with any additional questions at (973) 285-2953.