



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

AIR CONDITIONING ONLY APPLICATIONS-One & Two Family homes only

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 Chimney Verification Form is also required.

If installing a **chimney liner**, the liner **MUST** be listed as other device on the Plumbing Subcode and a spec sheet for the liner must be included with your application

NOTE: Condos & Townhomes MUST Submit a Fire Subcode for replacement gas appliances

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 Yard _____ Rear Yard _____

Second front yard _____ Aggregate of Side Yards _____

Proposed setbacks: Front yard _____ Smallest Side Yard _____ Rear Yard _____

Second front yard _____ Aggregate of Side Yards _____

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



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 Thursday, 11:30 am to 4:30 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 (**MUST** provide soil compaction report at inspection)
- 2) Foundation inspection PRIOR to the placement of backfill.
2 a) Foundation Location Survey REQUIRED for new construction
- 3) Slab inspection PRIOR to placement of concrete
- 4) Electrical rough wiring
- 5) Plumbing rough installations
- 6) Fire Rough inspection
- 7) Framing inspections AFTER rough electric/plumbing/Fire passed-PRIOR to insulation
- 8) Insulation inspection PRIOR to sheetrock
- 9) Final electric, final plumbing, final fire inspections
- 10) Final building inspections
- 11) No Certificates of Occupancy shall be issued **PRIOR** to submittal & Approval of Final As Built Survey and final surface grading inspection approvals by Borough Engineer M. Sgaramella (973-410-5473) & 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



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 _____
City _____ State _____ Zip Code _____

Contractor: _____
Address _____ City _____ State _____ Zip Code _____
Tel: (____) _____ 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	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Partial-Under-slab Utilities Approved	Rough _____	Failure _____ Approval _____ Initial _____
Date: _____ Approved by: _____	Barrier-Free _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Electric Plans Approved	Trench _____	Failure _____ Approval _____ Initial _____
Date: _____ Approved by: _____	Temp. Serv. _____	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:	Constr. Serv. _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO _____	Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL for PERMIT	Other _____	Failure _____ Approval _____ Initial _____
Date: _____	Service _____	Failure _____ Approval _____ Initial _____
Approved by: _____	Final _____	Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____	Failure _____ Approval _____ Initial _____
Date: _____	Temp. Cut-in-Card Date Issued _____	Failure _____ Approval _____ Initial _____
Approved by: _____	Final Cut-in-Card Date Issued _____	Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL for CERTIFICATE	Annual Pool Inspection _____	Failure _____ Approval _____ Initial _____
Date: _____	Date of Grounding and Bonding Certification _____	Failure _____ Approval _____ Initial _____
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 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—Frac. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

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 _____ State _____ Zip Code _____
Contractor: _____ Tel. (____) _____ e-mail _____

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
FAX: (____) _____

B. PLUMBING CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		Initial
PLAN REVIEW	Type:	Failure	Failure	Approval		
<input type="checkbox"/> No Plans Required	Slab					
<input type="checkbox"/> Partial - Understap Utilities Approved	Rough					
Date: _____ Approved by: _____	Water					
<input type="checkbox"/> Plumbing Plans Approved	Sewer					
Date: _____ Approved by: _____	Fixtures					
Joint Plan Review Required:	Gas Equipment					
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Piping					
SUBCODE APPROVAL FOR PERMIT	LP Gas Tank					
Date: _____ Approved by: _____	Fuel Oil Piping					
SUBCODE APPROVAL FOR CERTIFICATE	Solar					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO					
Date: _____	Final					
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or) 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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	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:

- | | |
|---|---|
| <input type="checkbox"/> "B" Label Vent | <input type="checkbox"/> Chimney-Interior |
| <input type="checkbox"/> "L" Label Vent | <input type="checkbox"/> Chimney-Exterior |
| <input type="checkbox"/> Flexible Liner | <input type="checkbox"/> Masonry Chimney-Tile Lined |
| <input type="checkbox"/> Power Vent/Exhauster | <input type="checkbox"/> Masonry Chimney-Unlined |
| | <input type="checkbox"/> Other _____ |

Size _____

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 EMERGENCY 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
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**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: _____