



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
Manuals J, S, & D MUST be submitted and on site for inspections

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

If you are installing **BOTH a FURNACE & AC**, a completed 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.

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 any work. Do NOT remove fence until Construction Official grants approval of removal.

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 \$2000.00 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 _____
state municipality zip code

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

Address _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	
<input type="checkbox"/> Partial -Understab Utilities Approved	Rough	
Date: _____ Approved by: _____	Barrier-Free	
<input type="checkbox"/> Electric Plans Approved	Trench	
Date: _____ Approved by: _____	Temp. Serv.	
Joint Plan Review Required:	Constr. Serv.	
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO	
SUBCODE APPROVAL for PERMIT	Other	
Date: _____	Service	
Approved by: _____	Final	
	Barrier-Free	
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	_____

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 UV Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/4 HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
_____	_____	Administrative Surcharge \$	_____
_____	_____	Minimum Fee \$	_____
_____	_____	State Permit Surcharge Fee \$	_____
_____	_____	TOTAL FEE \$	_____

Date Received _____

Control # _____

Date Issued _____

Permit # _____



PLUMBING 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. PLUMBING CHARACTERISTICS

Building Sewer Size _____ Proposed _____
Water Service Size _____ Public Sewer _____ Private Septic _____
Est. Cost of Plumbing Work \$ _____ Public Water _____ Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
	Type:	Failure	Approval
<input type="checkbox"/> No Plans Required	Slab	_____	_____
<input type="checkbox"/> Partial -Under/slab 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"/> CCC <input type="checkbox"/> CA	TCC	_____	_____
Date: _____ Approved by: _____	Final	_____	_____

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 Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	_____	Water Closet	_____
_____	_____	Urinal/Bidet	_____
_____	_____	Bath Tub	_____
_____	_____	Lavatory	_____
_____	_____	Shower	_____
_____	_____	Floor Drain	_____
_____	_____	Sink	_____
_____	_____	Dishwasher	_____
_____	_____	Drinking Fountain	_____
_____	_____	Washing Machine	_____
_____	_____	Hose Bibb	_____
_____	_____	Water Heater	_____
_____	_____	Fuel Oil Piping	_____
_____	_____	Gas Piping	_____
_____	_____	LP Gas Tank	_____
_____	_____	Steam Boiler	_____
_____	_____	Hot Water Boiler	_____
_____	_____	Sewer Pump	_____
_____	_____	Interceptor/Separator	_____
_____	_____	Backflow Preventer	_____
_____	_____	Greasetrapp	_____
_____	_____	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:

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

Size _____

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

Type

Fuel Type

BTU Rating (Input/hour)

Appliance 1: _____ Oil / Gas / Other: _____

Appliance 2: _____ Oil / Gas / Other: _____

Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

FOR MINOR AND 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
111 Ridgedale Avenue
Florham Park, NJ 07932
973-410-5346 Fax 973-410-5490

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

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

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

*****HOMEOWNER*****

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

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

Homeowner Signature: _____ Date: _____

Or

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

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

Contractor/Agent Signature: _____