



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

REPLACEMENT AIR CONDITIONING ONLY APPLICATIONS

Existing One & Two Family homes only:

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

1. Construction permit application folder
2. Completed Signed and Sealed Electrical Subcode Technical Section
3. Completed Signed and Sealed Mechanical Subcode Technical Section (Sealed by Licensed HVAC Ctr. or Licensed Master Plumber)
4. Building Subcode only required if replacing ductwork
5. Specifications of Mechanical Equipment to be installed
6. 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 side and rear yard property lines. (not allowed in front yards)
7. If you are installing **BOTH a FURNACE & AC**, a completed Chimney Verification Form is also required.
8. If installing a **chimney liner**, the liner **MUST** be listed as other device on the Mechanical Subcode and a spec sheet for the liner must be included with your application.
9. SD/CO Compliance form - Completed

For NEW Construction and Additions:

Submit items 1, 5 & 6 above (7 & 8 if applicable) **AND**
Building, Electrical and Plumbing Subcode Forms, signed & sealed by Licensed HVAC Ctr. Or
Master Plumber (Plumbing tech only)
Manuals J, S, & D MUST be submitted and on site for inspections

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

NEW HVAC Applications must submit Manuals J, S and D

Manual J- Heating & Cooling Calculations

Manual J outlines the requirements for conducting a “Load calculation” on the home, such as measuring insulation & ventilation levels. Other considerations include air duct tightness & the number of heat producing appliances and people.

Each room’s results specify how many BTU’s are lost in the winter and how many are gained in the summer.

After measuring each room’s sensible (temperature-related) and latent (Humidity related) heat, the technician can then determine how much conditioned air that room requires. It is necessary to conduct this inspection PRIOR to sizing a system so that you end up with a properly sized HVAC system.

MANUAL S- Heating and Cooling Sizing and Selection

Manual S contains a lot of information regarding equipment sizing, ventilation, and airflow, taking into consideration sensible and latent heat, amount of airflow and static pressures. This manual, combined with the load calculations from Manual J, give the technician the technical information for selecting the proper system for your home, whether it’s an air conditioner, heat pump, furnace or boiler.

Manual D- Heating and Cooling Duct Design

Manual D works in conjunction with the other manuals to provide proper design, sizing and installation of residential duct systems. Ductwork design is extremely important to prevent air & energy leaks, in addition to humidity and moisture problems. Manual D includes information for determining the best duct design for the available space, including how to properly size, seal and insulate air ducts.



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

Kevin Guilfoyle, Construction Official
KGuilfoyle@fpboro.net or 973-410-5352
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 to 4:00 pm in lobby drop box or via mail.

Please email inspection requests to klinden@fpboro.net and kferrara@fpboro.net

Inspection requests require the following information:

- 1) Permit number
- 2) Type of inspection requested (Building, Electrical, Plumbing, Fire)
- 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 Friday 8:30 am to 4 pm

Fire inspections are Monday 9am-1pm Tuesday 8am-12 Thursday 12-4 pm Friday 9am-1pm

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

Plumbing inspections are Monday thru Thursday, 11:00 am to 4:00 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, renovation, 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 **PRIOR** to framing
- 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. 5:23-2.3 lb



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: _____



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: _____ e-mail _____

Tel. (____) _____ e-mail _____

Address _____ Tel. (____) _____

Contractor: _____ e-mail _____

Address _____ Tel. (____) _____

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)	Approval	Initial
[] No Plans Required	Type: _____			
[] Partial Under-slab Utilities Approved	Rough			
Date: _____ Approved by: _____	Barrier-Free			
[] Electric Plans Approved	Trench			
Date: _____ Approved by: _____	Temp. Serv.			
[] Joint Plan Review Required:	Constr. Serv.			
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO			
SUBCODE APPROVAL FOR PERMIT	Other			
Date: _____	Service			
Approved by: _____	Final			
SUBCODE APPROVAL FOR CERTIFICATE	Barrier-Free			
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued			
Date: _____	Final Cut-in-Card Date Issued			
Approved by: _____	Annual Pool Inspection			
	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

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #
Date Issued
Permit #



MECHANICAL INSPECTION 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. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or-R-5

Heating System work: New or Modification to Existing or Conversion or Replacement

Type: Hydronic Hot Air

Fuel Type: Gas Oil Electric Solar Other _____

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only) PLAN REVIEW

No Plans Required

Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire.

Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other _____

Final _____

DATES

Failure _____ Approval _____ Initial _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Contractor

Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO. _____

FIXTURE/EQUIPMENT

Water Heater _____

Fuel Oil Piping Connections _____

Gas Piping Connections _____

Steam Boiler _____

Hot Water Boiler _____

Hot Air Furnace _____

Oil Tank _____

LPG Tank _____

Fireplace _____

Generator _____

Other _____

FEE (Office Use Only) \$ _____

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. (____) _____ e-mail _____

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)		Initial
Type:	Failure	Failure	Approval			
<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

DESCRIPTION OF WORK

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

U.C.C. P130 (rev. 11/89)
Unamended version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Sale 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.*