



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

INSTALLATION OF GAS FIREPLACE/ GAS LOGS

GAS LOGS INTO EXISTING FIREPLACE

Submit a Construction Permit Application with the following:

Mechanical Subcode Form signed & sealed by a licensed HVAC Ctr., Licensed Plumber or Licensed Master Hearth Specialist with a copy of the appropriate license Appliance spec sheet and chimney verification form.

- **NOTE:(If chimney Liner to be installed, it must be listed under “other” on Mechanical Subcode and spec sheet should be provided)**

If any new electrical items such as a fan or outlet are to be installed, an Electrical Subcode Form is also required.

GAS FIREPLACE INSERT into existing Fireplace

Requires all of the above PLUS Fire Subcode

If any new electrical items such as a fan or outlet are to be installed, an Electrical Subcode Form is also required.

INSTALLATION OF NEW GAS FIREPLACE/GAS LOGS

Submit Construction Permit Application with the following:

Building Subcode Form

Fire Subcode Form with Appliance Spec Sheet

Mechanical Subcode Form (signed by a Licensed Plumber, HVAC Ctr. or Master Hearth Specialist) with a copy of the appropriate license if installing in an existing dwelling or a Plumbing Subcode form for installation in New construction or additions.

If any new electrical items such as a fan or outlet are to be installed, an Electrical Subcode Form is also required.



MECHANICAL INSPECTION TECHNICAL SECTION



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. _____

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

CA CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other _____

Final _____

DATES

Failure _____

Approval _____

Initial _____

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

Blank area for 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 \$ _____



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: _____ e-mail _____
Tel. _____
Address _____
Contractor: _____ Tel. _____
Address _____ e-mail _____
municipality _____ zip code _____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement
OR [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
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: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW		Type	Dates (Month/Day)
[] No Plans Required		Alarm System	Failure Approval Initial
[] Partial-Underslab 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: _____			

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

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/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 _____

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, waterflow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices _____	_____	_____
TOTAL	0	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____
Administrative Surcharge \$	_____	_____
Minimum Fee \$	_____	_____
State Permit Surcharge Fee \$	_____	_____
TOTAL FEE \$	_____	_____



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 _____ 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. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

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 Certif'd Landscape Irrigation Contr'r 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/w/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/+ 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 \$ _____

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
<input type="checkbox"/> No Plans Required	Type: _____	_____	_____
<input type="checkbox"/> Partial -Underslab 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	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> 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	_____	_____



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. (____) _____
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	Dates (Month/Day)	Failure	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.
 Area — Largest Floor _____ sq. ft.
 New Bldg. Area/All Floors _____ sq. ft.
 Volume of New Structure _____ cu. ft.
 Max. Live Load _____
 Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
 If Industrialized Building: State Approved _____ HUD _____
 Est. Cost of Bldg. Work: \$ _____
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ _____

U.C.C. F110 (rev. 11/09)
Internet 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:

New Building
 Addition
 Rehabilitation
 Roofing
 Siding
 Fence _____ Sq. Ft. Height (exceeds 6')
 Sign _____ Sq. Ft.
 Pool
 Retaining Wall _____ Sq. Ft.
 Asbestos Abatement Subchapter 8
 Lead Haz. Abatement NJAC 5:17
 Radon Remediation
 Other _____
 Demolition

FEE (Office Use Only)

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.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS _____

Owner in Fee _____
 Verifying Individual _____
 Address _____
 City _____ State _____ Zip Code _____
 Tel: (____) _____ Fax: (____) _____

Check the Appropriate Box(es):
 Type of Replacement:

Type	Fuel Type	BTU Rating (input/hour)
<input type="checkbox"/> Oil to Gas Conversion	<input type="checkbox"/> "B" Label Vent	<input type="checkbox"/> Chimney-Interior
<input type="checkbox"/> Gas to Oil Conversion	<input type="checkbox"/> "L" Label Vent	<input type="checkbox"/> Chimney-Exterior
<input type="checkbox"/> Gas Appliance Replacement	<input type="checkbox"/> Flexible Liner	<input type="checkbox"/> Masonry Chimney-Tile Lined
<input type="checkbox"/> Oil to Oil Replacement	<input type="checkbox"/> Power Vent/Exhauster	<input type="checkbox"/> Masonry Chimney-Unlined
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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 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.

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.

Direct Vent Appliances:
 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.

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.

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.