



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

FURNACE REPLACEMENT **(in existing one & two family dwellings only)**

1. Furnace replacement with no change in fuel type, no relocation, no significant change in ductwork –Submit signed & sealed Mechanical and Electric Subcode Forms with chimney verification form.
2. Furnace replacement as in #1, with new installation of air conditioning condenser plus “A” coil –Submit signed & sealed Electric and Mechanical Subcode Forms with chimney verification. Zoning Application for outdoor condenser unit with survey indicating location.
3. Replacement of existing furnace, no change in location, but change in fuel type – Mechanical and Electric with chimney verification.
4. Replacement of existing boiler with no change in fuel type or location, Electrical and Mechanical signed & sealed by licensed professional (If replacing backflow preventer, must list under other) with chimney verification.
5. Replacement and relocation of furnace – Electric and mechanical with chimney verification.
6. **NOTE:** If installing a **chimney liner**, you must Submit a Mechanical Subcode Form and indicate a liner under “other” and include a spec sheet for the liner.

NOTE: FOR NEW CONSTRUCTION AND ADDITIONS:
Signed and Sealed Electric, Plumbing and Fire Subcodes are required



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 (973-410-5346)

Permit applications accepted daily from 9:00 am to 4:00 pm.
Please email all inspection requests to klinden@fpboro.net and jdoherty@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 M- Friday 8:00 am to 4 pm

Fire inspections are M-T-W-TH 1pm-4:30pm and Fri- 9am -3 pm

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

Plumbing/Mechanical inspections are Monday thru Friday, 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 or K. Kaplan x5334) & 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 1b



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 _____ zip code _____

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 - Under slab 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: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Date of Grounding and Bonding Certification _____

INSPECTIONS

Dates (Month/Day)

Failure Approval Initial

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 [] Certified 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/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/+ 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	\$ _____



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: _____

CA

Other _____

Other _____

Final _____

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

Large empty box for technical site data description.

FIXTURE/EQUIPMENT

- NO. _____ 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)

Form for listing fees with a shaded background.

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

Address _____ street _____ municipality _____ zip code _____

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

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ Proposed _____
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
 No Plans Required
 Partial -Underlab Utilities Approved
 Date: _____ Approved by: _____
 Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 Bldg. Elec. Fire. Elev.
SUBCODE APPROVAL for PERMIT
 Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
 Date: _____ Approved by: _____

INSPECTIONS	Dates (Month/Day)	
	Failure	Approval
Type: Slab	_____	_____
Rough	_____	_____
Water	_____	_____
Sewer	_____	_____
Fixtures	_____	_____
Gas Equipment	_____	_____
Gas Piping	_____	_____
LPGas Tank	_____	_____
Fuel Oil Piping	_____	_____
Solar	_____	_____
TCO	_____	_____
Final	_____	_____

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:	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	_____
_____	LPGas 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:

- "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: _____