



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

*Dear Applicant,*

*Please note that all permit applications for interior alterations require the following:*

*Technical sub-code forms completed, signed, and sealed for all applicable work of building, electric, plumbing and fire.*

*Three sets of drawings reflecting framing details, electrical schematic, plumbing riser diagram, gas riser diagram, smoke detector/carbon monoxide detector, specifications of all mechanical equipment to be installed.*

*Construction permit application folder completed and signed.*

*Incomplete applications will not be accepted. This is protective mechanism to ensure that the review process occurs in a timely fashion.*

*Thank you for your co-operation in this matter.*

*We appreciate your business.*



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Florham Park Construction Department  
111 Ridgedale Ave.  
Florham Park, NJ 07932  
Ph. - 973-410-5346 Fax - 973 -410-5490  
Kevin Guilfoyle, Construction Code Official  
Building Subcode Official

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The following is a list of certifications that you may be required to submit to the Building Department during the course of your project.

All information must be forwarded to the Building Inspector shortly after being requested in order to avoid any project delays.

1. List of Special Inspectors with copy of DCA License
2. All soil compaction reports, footing, slab, etc. BEFORE footing inspection
3. Report from engineer re footing & foundation re-bar installation (Commercial & Multi unit residential)
4. Report from engineer re slab design to include reinforcing (Commercial only)
5. Foundation location survey (ALL new buildings and any BOA Approved Additions (Residential AND Commercial) MUST be received at framing inspection
6. Concrete compressive strength 7 to 28 day report (Commercial and multi-unit residential)
7. Wooden truss report to include installation as per design and any and all repairs made (Commercial and multi-unit residential)
8. Steel report to include all welds, bolting and decking (Commercial)
9. Fire Stopping, Fire proofing and draft stopping depending on magnitude of project, certified by architect (Commercial and Condo)
10. Any modular units or pre-fabricated panels (i.e. superior walls, modular) Certifications by Engineer & Manufacturer (Residential, Commercial & Condos)
11. Copies of any warranties for certain types of roof covering systems (New Commercial)
12. HVAC balancing report (New Commercial)
13. Energy Efficiency Certificate (Residential)
14. Home Warranty (Residential)
15. Height certification included on final as-built survey

Additional information may be necessary prior to the issuance of a Certificate of Occupancy

Kevin Guilfoyle  
Construction Official



# 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 \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ 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	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footings				
<input type="checkbox"/> All			Footings 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.			Insulation				
<input type="checkbox"/> Fire			Finishes -Base Layer				
<input type="checkbox"/> Elevator			Finishes -Final				
SUBCODE APPROVAL FOR PERMIT			Energy				
Date:			Mechanical				
SUBCODE APPROVAL FOR CERTIFICATE			TCO				
<input type="checkbox"/> CO			Other				
<input type="checkbox"/> CCO			Final				
<input type="checkbox"/> CA			Barrier-Free				

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft. State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Area — Largest Floor \_\_\_\_\_ sq. ft. Est. Cost of Bldg. Work: \_\_\_\_\_

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. 1. New Bldg. \$ \_\_\_\_\_

Volume of New Structure \_\_\_\_\_ cu. ft. 2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+ 2) \$ \_\_\_\_\_

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

**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:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
	<input type="checkbox"/> New Building			\$ _____
	<input type="checkbox"/> Addition			\$ _____
	<input type="checkbox"/> Rehabilitation			\$ _____
	<input type="checkbox"/> Roofing			\$ _____
	<input type="checkbox"/> Sliding			\$ _____
	<input type="checkbox"/> Fence			\$ _____
	<input type="checkbox"/> Sign			\$ _____
	<input type="checkbox"/> Pool			\$ _____
	<input type="checkbox"/> Retaining Wall			\$ _____
	<input type="checkbox"/> Asbestos Abatement Subchapter 8			\$ _____
	<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			\$ _____
	<input type="checkbox"/> Radon Remediation			\$ _____
	<input type="checkbox"/> Other			\$ _____
	<input type="checkbox"/> Demolition			\$ _____

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
<b>TOTAL FEE \$</b>	_____

U.C.C. P110 (rev. 11/09)  
Internet version

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

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_



# 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 \_\_\_\_\_ steel \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel \_\_\_\_\_ e-mail \_\_\_\_\_

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 \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW \_\_\_\_\_

No Plans Required \_\_\_\_\_

Partial -Underslab 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: \_\_\_\_\_

### 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/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 \$ \_\_\_\_\_



# 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 \_\_\_\_\_

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

No Plans Required

Partial -Under/slab 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

Type: \_\_\_\_\_

Slab \_\_\_\_\_

Rough \_\_\_\_\_

Water \_\_\_\_\_

Sewer \_\_\_\_\_

Fixtures \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Gas Piping \_\_\_\_\_

LPGas Tank \_\_\_\_\_

Fuel Oil Piping \_\_\_\_\_

Solar \_\_\_\_\_

TCO \_\_\_\_\_

Final \_\_\_\_\_

#### Dates (Month/Day)

Failure \_\_\_\_\_

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

#### 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 \_\_\_\_\_

LPGas Tank \_\_\_\_\_

Steam Boiler \_\_\_\_\_

Hot Water Boiler \_\_\_\_\_

Sewer Pump \_\_\_\_\_

Interceptor/Separator \_\_\_\_\_

Backflow Preventer \_\_\_\_\_

Greasetrap \_\_\_\_\_

Sewer Connection \_\_\_\_\_

Water Service Connection \_\_\_\_\_

Stacks \_\_\_\_\_

Other \_\_\_\_\_

QTY \_\_\_\_\_

FEE (Office Use Only)  
\$ \_\_\_\_\_

DESCRIPTION OF WORK	QTY	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 \$ \_\_\_\_\_





# FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Issued  
Control #  
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: \_\_\_\_\_

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 \_\_\_\_\_ Fuel Storage Tank: \_\_\_\_\_  
Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: [ ] Flammable or [ ] Combustible Capacity \_\_\_\_\_

Heating System: [ ] New or [ ] Modification to Existing Fire Alarm System: [ ] New or [ ] Existing  
OR [ ] Conversion or [ ] Replacement Location of Panel: \_\_\_\_\_  
Fire Suppression/Standpipe System: \_\_\_\_\_

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing  
[ ] Other \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

Location: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
[ ] No Plans Required	Alarm System		
[ ] Partial -Under-slab 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: _____			

### 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 \_\_\_\_\_

NUMBER \$ FEE (Office Use Only)

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems [ ] System \_\_\_\_\_

[ ] 110v Interconnected \_\_\_\_\_

[ ] CO Detectors/110v \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horns/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL \_\_\_\_\_

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<sub>2</sub> 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 \_\_\_\_\_

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)

<b>PLAN REVIEW</b>		<b>INSPECTIONS</b>		<b>DATES</b>		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved		Water Heater	_____	_____	_____	_____
Date: _____	Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg.	<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire.			
<input type="checkbox"/> Elev.		Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Tank	_____	_____	_____	_____
Date: _____		Cooling/AC	_____	_____	_____	_____
		Generator	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
Date: _____		Other	_____	_____	_____	_____
<input type="checkbox"/> CA	<input type="checkbox"/> CCCO	Other	_____	_____	_____	_____
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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	NO.	FIGTURE/EQUIPMENT	FEE (Office Use Only)
_____	_____	Water Heater	\$ _____
_____	_____	Fuel Oil Piping Connections	_____
_____	_____	Gas Piping Connections	_____
_____	_____	Steam Boiler	_____
_____	_____	Hot Water Boiler	_____
_____	_____	Hot Air Furnace	_____
_____	_____	Oil Tank	_____
_____	_____	LPG Tank	_____
_____	_____	Fireplace	_____
_____	_____	Generator	_____
_____	_____	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
<b>TOTAL FEE \$ _____</b>

PERMIT # \_\_\_\_\_

LOT: \_\_\_\_\_

BLOCK: \_\_\_\_\_

# FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

## A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:
- BOLTS  
 B  I SPACING  
 B  I SIZE
- STRAPS  
 B  I SPACING (PER MANUFACTURER'S SPECS)  
 B  I SIZE
2. SILL PLATES:  
 B  I SIZE  
 B  I GRADE, SPECIES  
 B  I TREATMENT  
 B  I LAPS  
 B  I SILL SEALER  
 B  I PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)  
 B  I TERMITE PROTECTION
3. BEAM POCKETS:  
 B  I BEARING/SHIMS  
 B  I TERMITE PROTECTION OR CLEARANCE
4. COLUMNS:  
 B  I SIZED PER PLAN  
 B  I ATTACHMENT/PLATES  
 B  I SPACING/LOCATION  
 B  I PAINT/COATING

## B. FLOOR FRAMING AND FLOORING

### 1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

- |   |   |   |  |
|---|---|---|--|
| 1 <sup>ST</sup>                                       | 2 <sup>ND</sup>                                       | 3 <sup>RD</sup>                                       | FLOOR                                    |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | SIZE                                     |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | GRADE, SPECIES                           |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | SINGLE OR DOUBLE                         |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | PRE-ENGINEERED PER MANU-FACTURER'S SPECS |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | CANTILEVERS AS PER DESIGN                |

### 2. GIRDERS AND BEAMS:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> B <input type="checkbox"/> I | SIZED PER PLAN                    |
| <input type="checkbox"/> B <input type="checkbox"/> I | TYPE                              |
| <input type="checkbox"/> B <input type="checkbox"/> I | GRADE, SPECIES                    |
| <input type="checkbox"/> B <input type="checkbox"/> I | LOCATION AND RELATION TO THE PLAN |
| <input type="checkbox"/> B <input type="checkbox"/> I | NAILING                           |
| <input type="checkbox"/> B <input type="checkbox"/> I | ATTACHMENT SCHEDULE               |
| <input type="checkbox"/> B <input type="checkbox"/> I | BEARING                           |
| <input type="checkbox"/> B <input type="checkbox"/> I | LAPPING                           |

### 3. FLOOR JOIST:

- |   |   |   |  |
|---|---|---|--|
| 1 <sup>ST</sup>                                       | 2 <sup>ND</sup>                                       | 3 <sup>RD</sup>                                       | FLOOR                                  |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | SIZED PER PLAN                         |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | GRADE, SPECIES                         |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | PRE-ENGINEERED COMPONENTS AS SPECIFIED |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | BEARING                                |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | NAILING                                |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | BRIDGING                               |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | CUTTING AND NOTCHING (AS PER CODE)     |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | POINT LOADS - SUPPORTED AS PER PLAN    |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | SPAN HANGERS                           |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | HEADERS                                |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | FRAMED OPENINGS                        |

### 4. FLOORING, SHEATHING, OR DECKING:

- |   |   |   |                       |
|---|---|---|-----------------------|
| 1 <sup>ST</sup>                                       | 2 <sup>ND</sup>                                       | 3 <sup>RD</sup>                                       | FLOOR                 |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | PANEL SPAN, THICKNESS |

### 5. STAIR ATTACHMENT:

- |   |   |   |         |
|---|---|---|---------|
| 1 <sup>ST</sup>                                       | 2 <sup>ND</sup>                                       | 3 <sup>RD</sup>                                       | FLOOR   |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | BEARING |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | NAILING |

### SPECIAL REQUIREMENTS

- |   |   |   |                             |
|---|---|---|-----------------------------|
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | EDGE BLOCKING (IF REQUIRED) |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | GAPING                      |
| <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | <input type="checkbox"/> B <input type="checkbox"/> I | LAYOUT                      |

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Initials: \_\_\_\_\_ Date: \_\_\_\_\_



PERMIT # \_\_\_\_\_

LOT: \_\_\_\_\_

BLOCK: \_\_\_\_\_

**C. WALL FRAMING**

**1. EXTERIOR WALL FRAME:**

- 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR
- SIZE
- SPACE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- HEADER SIZES
- JACK STUD BEARING
- TOP PLATES
- NAILING
- LAPS
- RAFTER TIES
- HURRICANE STRAPS (AS REQUIRED)

**2. INTERIOR LOAD-BEARING WALLS:**

- 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR
- SIZE
- SPACE
- LAYOUT - SUPPORT BELOW PER CODE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- FIRE BLOCKING
- HEADER SIZES
- JACK STUD BEARING
- TOP PLATES
- NAILING
- LAPS
- STRAPPING

**3. INTERIOR NON-LOAD-BEARING WALLS:**

- 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR
- SIZE
- SPACE
- SPECIES AND GRADE
- CUTTING, NOTCHING, AND BORING
- FIRE BLOCKING
- HEADER SIZES
- TOP PLATE NAILING

**D. ROOF FRAMING**

**1. TRUSS ROOF FRAMING (AS PER DESIGN):**

- APPROVED DOCUMENTS WHICH SHOW:
- LAYOUT PLANS
  - TRUSS MEMBERS
  - CONNECTION SCHEDULE
  - PERMANENT BRACING DETAILS
  - DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
  - EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
  - LOCATION AS PER LAYOUT
  - ALIGNMENT
  - BEARING
  - SPACING
  - CONNECTIONS TO BEARING POINTS
  - NO CONNECTION TO NON-BEARING POINTS
  - DAMAGE AND DEFECTS
  - ENGINEERED METHOD OF REPAIR

**2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):**

- LAYOUT
- SIZE
- TYPE
- NAILING
- OVERLAP
- TERMINATION
- TRANSITION (I.E., CROSS) BRACING

**4. SOLID SAWN ROOF FRAMING:**

- SIZE
- GRADES, SPECIES
- LAYOUT
- SPACING
- SPAN
- BEARING
- FASTENING
- DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- CUTTING, NOTCHING, AND BORING
- BRIDGING
- RIDGE SIZE
- HURRICANE TIES WHERE APPLICABLE

**3. GABLE END BRACING (AS PER DESIGN):**

- LAYOUT
- SIZE
- TYPE
- NAILING
- OVERLAP
- TERMINATION

**E. SHEATHING**

**1. SHEATHING - EXTERIOR WALLS:**

- MATERIAL
- PANEL SPAN, THICKNESS
  - SPECIAL REQUIREMENTS
  - GAPPING
  - LAYOUT
  - CORNER BRACING (IF REQUIRED)

**2. SHEATHING - ROOF:**

- MATERIAL
- PANEL SPAN, THICKNESS
  - SPECIAL REQUIREMENTS
  - BLOCKING, EDGE (IF REQUIRED)
  - CLIPS (IF REQUIRED)
  - GAPPING
  - LAYOUT

**SHEATHING, FRT - ROOF**

- FOUR FEET FROM FIREWALL
- NONCORROSIVE FASTENERS