



Florham Park Construction Department
111 Ridgedale Ave.
Florham Park, NJ 07932
973-410-5350

**Furnace Replacement
(Existing one and 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



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.



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

Dwelling Location: Block: _____ Lot: _____
Address: _____
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: _____ Date: _____