



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

## **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.**









FIRE PROTECTION 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. ( )

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 (if applicable):

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

Heating System: [ ] New OR [ ] Modification to Existing Capacity
OR [ ] Conversion OR [ ] Replacement Fire Alarm System: [ ] New OR [ ] Existing

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Location of Panel:
Other Fire Suppression/Standpipe System:

Location: [ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work \$

Table with columns: JOB SUMMARY (Office Use Only), INSPECTIONS, Dates (Month/Day). Rows include PLAN REVIEW, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

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/ Licensed Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only). Rows include Flammable/Combustible Tanks, Alarm Systems, Suppression Systems, and Other Systems.

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.*