



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

### **Interior Alterations**

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.

















# 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 \$** \_\_\_\_\_

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
PLAN REVIEW	Type:				
<input type="checkbox"/> No Plans Required	Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved	Suppression Sys.	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved	Standpipe	_____	_____	_____	_____
Date: _____ Reviewed by: _____	Fire Pump	_____	_____	_____	_____
Joint Plan Review Required:	Pre Eng. System	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.	Mechanical	_____	_____	_____	_____
Date: _____ Reviewed by: _____	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Released by: _____	Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Other _____	_____	_____	_____	_____
Date: _____					

### 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**

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
<b>Alarm Systems</b>		
<input type="checkbox"/> Low Voltage System		
<input type="checkbox"/> 110v System		
Initiating Devices	_____	
Notification Appliances	_____	
Other Devices _____	_____	
TOTAL	_____	
<b>Suppression Systems</b>		
Dedicated Fire Service		
Fire Pump _____ GPM Type _____	_____	
Dry Pipe/Alarm/Pre-action/Deluge Valves	_____	
Sprinkler Heads	_____	
Standpipes	_____	
<b>Pre-engineered Systems</b>		
Dry/Wet Chemical	_____	
CO <sub>2</sub> Suppression	_____	
Foam Suppression	_____	
Clean Agent Suppression	_____	
Portable Fire Extinguishers	_____	
Other _____	_____	
<b>Other Systems</b>		
Kitchen Hood Exhaust System	_____	
Smoke Control System	_____	
Hazardous Exhaust	_____	
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	_____	
Fireplace Venting/Metal Chimney	_____	
Exit Signs	_____	
ERCC system	_____	
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**  
  SPACING  
  SIZE
- STRAPS**  
  SPACING (PER MANUFACTURER'S SPECS)  
  SIZE

### 2. SILL PLATES:

- SIZE  
  GRADE, SPECIES  
  TREATMENT  
  LAPS  
  SILL SEALER  
  PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)  
  TERMITE PROTECTION

### 3. BEAM POCKETS:

- BEARING/SHIMS  
  TERMITE PROTECTION OR CLEARANCE

### 4. COLUMNS:

- SIZED PER PLAN  
  ATTACHMENT/PLATES  
  SPACING/LOCATION  
  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"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SIZE                                    |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | GRADE, SPECIES                          |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SINGLE OR DOUBLE                        |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | PRE-ENGINEERED PER MANUFACTURER'S SPECS |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | CANTILEVERS AS PER DESIGN               |

### 2. GIRDERS AND BEAMS:

- SIZED PER PLAN  
  TYPE  
  GRADE, SPECIES  
  LOCATION AND RELATION TO THE PLAN
- NAILING  
  ATTACHMENT SCHEDULE  
  BEARING  
  LAPPING

### 3. FLOOR JOIST:

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

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

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

### 5. STAIR ATTACHMENT:

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

### SPECIAL REQUIREMENTS

- EDGE BLOCKING (IF REQUIRED)  
    GAPPING  
    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: \_\_\_\_\_

**C. WALL FRAMING**

**1. EXTERIOR WALL FRAME:**

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

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

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

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

- |   |   |   |                                  |  |
|---|---|---|----------------------------------|--|
| 1 <sup>ST</sup>                                   | 2 <sup>ND</sup>                                   | 3 <sup>RD</sup>                                   | FLOOR                            |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SIZE                             |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SPACE                            |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SPECIES AND GRADE                |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | CUTTING, NOTCHING,<br>AND BORING |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | FIRE BLOCKING                    |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | HEADER SIZES                     |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 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 MAN-  
UFACTURER'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

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

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

**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

**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