



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

**Water Heater  
(One and two family dwellings only)**

Dear Applicant,

:

Please note the requirements below

Replacement GAS WATER HEATERS require the following:

- Construction Permit Application Folder
- Mechanical Subcode Technical Section (signed & sealed by Licensed Plumber)
- Completed and signed Chimney Verification Form
- Completed & signed Smoke Detector/Carbon Monoxide Compliance Form

Replacement ELECTRIC water heaters require the following:

- Construction Permit Application Folder
- Electrical Subcode Technical Section (signed & sealed)
- Plumbing Subcode Technical Section (signed & sealed by Licensed Plumber)

New Construction & Additions with Gas Water Heater require the following:

- Construction Permit Application Folder
- Plumbing Subcode Technical Section (signed & sealed by Licensed Plumber)
- Fire Subcode Technical Section
- Completed and signed Chimney Verification Form
- Completed & signed Smoke Detector/Carbon Monoxide Compliance Form

New Construction & Additions with Electric Water Heaters require the following:

- Construction Permit Application Folder
- Electrical Subcode Technical Section (signed & sealed)
- Plumbing Subcode Technical Section (signed & sealed by Licensed Plumber)











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



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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: \_\_\_\_\_