



Florham Park Borough Construction Department
111 Ridgedale Ave.
Florham Park, NJ 07932
Ph. – 973-410-5350 Fax – 973-410-5490

Replacement AC Only

Existing One & Two Family homes only:

Please note that all permit applications for replacement of air conditioning devices require the following:

1. Construction permit application folder
2. Completed Signed and Sealed Electrical Subcode Technical Section
3. Completed Signed and Sealed Mechanical Subcode Technical Section (Sealed by Licensed HVAC Ctr. or Licensed Master Plumber)
4. Building Subcode only required if replacing ductwork
5. Specifications of Mechanical Equipment to be installed
6. If outside condensing unit is to be installed, applicant **MUST** complete AC Zoning Application and show location of unit on the survey of property indicating distance from condenser to side and rear yard property lines. (not allowed in front yards)
7. If you are installing **BOTH a FURNACE & AC**, a completed Chimney Verification Form is also required.
8. If installing a **chimney liner**, the liner must be listed as other device on the Mechanical Subcode and a spec sheet for the liner must be included with your application.
9. SD/CO Compliance form - Completed

For NEW Construction and Additions:

Submit items 1, 5 & 6 above (7 & 8 if applicable) and Building, Electrical and Plumbing Subcode Forms, signed & sealed by Licensed HVAC Ctr. Or Master Plumber (Plumbing tech only)

Manuals J, S, & D MUST be submitted and on site for inspections

Thank you for your anticipated co-operation with regard to the permit application process.



BOROUGH OF FLORHAM PARK ZONING APPLICATION

111 Ridgedale Avenue, Florham Park, NJ 07932 E-mail: Zoning@fpboro.net Phone: 973-410-5330

**AC or GENERATOR
Fee \$75**

Work Site Address: _____ Block: _____ Lot: _____ Zone: _____

Property Owner: _____ Owner's Email: _____

Owner's Address: _____ Phone: _____

Brief Description of Work: _____

Property is a: Corner Lot _____ Interior Lot _____

Existing Setbacks:

Front Yard _____ Smallest Side Yard _____ Rear Yard _____ Second Front Yard (corner lot): _____

Proposed Setbacks:

Front Yard _____ Smallest Side Yard _____ Rear Yard _____ Second Front Yard (corner lot): _____

Sq. Ft. of Lot: _____ Building Coverage %: _____ Improved Lot Coverage %: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction

Signature _____ Name (Print) _____

**** Office use only ****

Application: Approved _____ Denied _____ Application No _____ Permit No _____

Application Fee _____ Received Date _____ Check # _____ Cash _____

Zoning Official Signature: _____ Date: _____

Kayla Kaplan-Zoning Official

Marjorie Lowe-Assistant to the Zoning Official



Florham Park Construction Office
Phone 973-410-5350 Fax 973-410-5490

Kevin Guilfoyle, Construction Official
KGuilfoyle@fpboro.net or 973-410-5352
Kristin Linden, KLinden@fpboro.net Technical Assistant to the Construction Official
Kayla Kaplan, Kkaplan@fpboro.net Zoning Official 973-410-5334

Permit applications accepted daily from 9:00 am to 4:00 pm.

Please email all inspection requests to klinden@fpboro.net and myannotta@fpboro.net

Inspection requests require the following information:

- 1) Permit number
- 2) Type of inspection requested (Building, Electrical, Plumbing, Fire)
- 3) Preferred day(s) of inspection
- 4) Name and phone number of the person allowing access

Minimum of 24 hour notice for all inspection requests, ALL TIMES ARE APPROXIMATE:

Building inspections are Monday - Friday 8 am to 4 pm

Fire inspections are Mon & Fri 7:30- 11:30 am Tues - Thurs. 12:30pm- 4:30 pm

Electrical inspections are Mon/ Wed/ Fri 11:30 am to 3:30 pm Tuesday 7:30-11:30 am

Plumbing/Mechanical inspections are Monday thru Thursday 11 am to 4 pm.

Please be aware that due to the volume of Construction inspections, we cannot give exact times for these inspections.

Contractors MUST INSTALL 6 ft. chain link fence, per Ordinance NO. 13-15 around perimeter of excavation site prior to any work. Do NOT remove fence until Construction Official grants approval of removal. Required inspections pursuant to N.J.A.C. 5:23-2.18 for all *new* buildings, additions, renovation, alterations:

- 1) Footing inspection-bottom of the trench **PRIOR** to pouring of concrete (MUST provide soil compaction report at inspection)
- 2) Foundation inspection **PRIOR** to the placement of backfill.
2 a) Foundation Location Survey **REQUIRED** for new construction **PRIOR** to framing
- 3) Slab inspection **PRIOR** to placement of concrete
- 4) Electrical rough wiring
- 5) Plumbing rough installations
- 6) Fire Rough inspection
- 7) Framing inspections **AFTER** rough electric/plumbing/Fire passed-**PRIOR** to insulation
- 8) Insulation inspection **PRIOR** to sheetrock
- 9) Final electric, final plumbing, final fire inspections
- 10) Final building inspections
- 11) No Certificates of Occupancy shall be issued **PRIOR** to submittal & Approval of Final As Built Survey and final surface grading inspection approvals by Borough Engineer M. Sgaramella (973-410-5473 or K. Kaplan x5334) & Morris County Soil District, Sheila Hall (973-285-2953).

Failure to comply with the above required inspections as indicated in N.J.A.C. 5:23-2.18 will result in administrative penalties of not more than \$2000.00 as permitted in N.J.A.C. 5:23-2.3 lb



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Ph. - 973-410-5350 Fax - 973 -410-5490
Kevin Guilfoyle, Construction Code Official
Building Subcode Official

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

NEW HVAC Applications must submit Manuals J, S and D

Manual J- Heating & Cooling Calculations

Manual J outlines the requirements for conducting a “Load calculation” on the home, such as measuring insulation & ventilation levels. Other considerations include air duct tightness & the number of heat producing appliances and people.

Each room’s results specify how many BTU’s are lost in the winter and how many are gained in the summer.

After measuring each room’s sensible (temperature-related) and latent (Humidity related) heat, the technician can then determine how much conditioned air that room requires. It is necessary to conduct this inspection PRIOR to sizing a system so that you end up with a properly sized HVAC system.

MANUAL S- Heating and Cooling Sizing and Selection

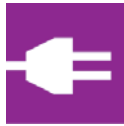
Manual S contains a lot of information regarding equipment sizing, ventilation, and airflow, taking into consideration sensible and latent heat, amount of airflow and static pressures. This manual, combined with the load calculations from Manual J, give the technician the technical information for selecting the proper system for your home, whether it’s an air conditioner, heat pump, furnace or boiler.

Manual D- Heating and Cooling Duct Design

Manual D works in conjunction with the other manuals to provide proper design, sizing and installation of residential duct systems. Ductwork design is extremely important to prevent air & energy leaks, in addition to humidity and moisture problems. Manual D includes information for determining the best duct design for the available space, including how to properly size, seal and insulate air ducts.



ELECTRICAL 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 _____

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	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
[] Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	Date of Grounding and Bonding Certification	_____	_____	_____	_____

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 [] Certif'd Landscape Irrigation Cont'r [] 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/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	\$ _____



**MECHANICAL INSPECTION
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 _____

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)					
PLAN REVIEW		INSPECTIONS		DATES	
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval
<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.		Piping	_____	_____	_____
<input type="checkbox"/> Elev.		Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Cooling/AC	_____	_____	_____
Date: _____	Approved by: _____	Generator	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Chimney Cert.	_____	_____	_____
Date: _____	Approved by: _____	Other	_____	_____	_____
		Other	_____	_____	_____
		Final	_____	_____	_____

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.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other

FEE (Office Use Only)

\$ _____

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.

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 \$

Table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Plumbing Plans Approved, 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 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

Table with columns: QTY., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, etc.

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.