



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

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.



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



Florham Park Construction Department
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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



BUILDING 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. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
[] Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
[] Exterior	_____	_____	Slab	_____	_____	_____	_____
[] Interior	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes -Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Final	_____	_____	_____	_____
Date: _____			Energy	_____	_____	_____	_____
Approved by: _____			Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			TCO	_____	_____	_____	_____
[] CO [] CCO [] CA			Other	_____	_____	_____	_____
Date: _____			Final	_____	_____	_____	_____
Approved by: _____			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Retaining Wall _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

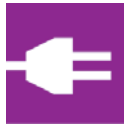
Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____



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)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> 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	\$ _____



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). Rows include 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 \$



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

Contractor: street municipality Tel. zip code

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

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other

Location:

Total Cost of Fire Protection Work \$

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Fire Alarm System: [] New OR [] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve:

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 Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) and rows for various fire protection systems like Alarm Systems, Suppression Systems, Pre-engineered Systems, etc.

JOB SUMMARY (Office Use Only) table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day) and rows for various inspection types and approvals.

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.	Piping	_____	_____	_____
<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire.	Tank	_____	_____	_____
<input type="checkbox"/> Elev.		Cooling/AC	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Generator	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE		Other	_____	_____	_____
<input type="checkbox"/> CA	<input type="checkbox"/> CCO	Other	_____	_____	_____
Date: _____		Final	_____	_____	_____
Approved by: _____			_____	_____	_____

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 \$ _____

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 ST | 2 ND | 3 RD | 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 ST | 2 ND | 3 RD | 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 ST | 2 ND | 3 RD | 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 ST | 2 ND | 3 RD | 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 ST | 2 ND | 3 RD | 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,
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
(AS REQUIRED) | |

2. INTERIOR LOAD-BEARING WALLS:

- | | | | | |
|---|---|---|------------------------------------|--|
| 1 ST | 2 ND | 3 RD | 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
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
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 ST | 2 ND | 3 RD | 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,
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