

DATE STAMP

RECEIPT # _____
FEE: \$15.00

HUNTERDON COUNTY HEALTH DEPARTMENT
CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: _____ BLOCK: _____ LOT: _____

OWNER'S NAME: _____

PROJECT LOCATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

CONTRACTOR NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

All proposed work must be shown on a copy of the septic design, if available, with distances from the well, septic tank and disposal field to the proposed construction. If septic design is not available, copy of survey with all the above shown may be acceptable. See #4 below

A CONSTRUCTION REFERRAL IS ONLY REQUIRED FOR THE FOLLOWING:

When completed:
 Mail to owner
 Mail to contractor
 Hold for pick-

- _____ **Residential - Bedroom Addition** – see # 2, 4 & Complete Form A
- _____ **Residential Building with no intent to add bedroom** –see # 2,4, Complete Form A
 - Addition Remodeling Accessory Building-with plumbing
- _____ **Commercial (other than retail food)** – see # 2, 4 & check box
 - New Construction Addition Remodeling
- _____ **Retail Food Establishment** – see # 3, 4 & check box
 - New Construction Renovation Addition
 - Name of Establishment _____
- _____ **Public Pool** – see # 3 & 4
 - New Construction Alteration
- _____ **Pet Shop/Kennel** – see # 3, 4
 - New Construction Alteration
- _____ **Body Art Facility** – see # 3, 4
 - New Construction Alteration
- _____ **Demolition** – see # 4 & Complete Form B
- _____ **Outdoor Wood Boiler** – Complete Form C
- _____ **Treatment for a PNCW** – see Website for detailed application

1. If there is public water or sewer connection to the structure, please mark box and show location(s)
2. Drawings of existing and proposed floor plans, *with all rooms labeled*, must be attached to this form.
3. Architectural drawings with equipment specs (see our website for specific codes requirements)
4. On Survey or septic design locate distances per instructions (above under address line)

The owner and/or applicant is responsible for obtaining all other required Federal, State or Municipal approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the improvements and or the assessment of significant civil penalties.

OWNER/CONTRACTOR SIGNATURE: _____ DATE: _____

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FOR HEALTH DIVISION USE:

Hunterdon County Health Comments: _____

APPROVED REJECTED DATE: _____

Signature/Title: _____



Hunterdon County Health Department



www.co.hunterdon.nj.us/health.htm

Form A

Municipality: _____ Block: _____ Lot: _____

NUMBER OF BEDROOMS

The proposed renovations to my home will/will not (circle one) result in an expansion of the potential number of bedrooms in my home. My house currently has _____ number of bedrooms; at the completion of the proposed construction, the house will have _____ number of bedrooms*.

Date

Signature of Homeowner

Code Interpretation

NJAC 9A "Standards for Individual Subsurface Sewage Disposal Systems" indicates the volume of sanitary sewage generated from a private residence shall be estimated based on the number of potential bedrooms in the dwelling. The existing septic system was designed and approved based on the number of potential bedrooms constructed in the house. An increase in the number of bedrooms in an existing house, via renovations, requires a review of the existing septic system capacity. **Increasing the number of bedrooms in a house will require an engineer to determine the capacity of the existing septic system.**

"Bedroom" is defined in the code as "any room within a dwelling unit, finished or unfinished, which may reasonably be expected to serve primarily as a bedroom or dormitory". The term bedroom shall be considered to include any room or rooms within an expansion attic.

* The Hunterdon County Department of Health may need verification by Municipal Tax Assessor.

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2nd Floor
Mailing Address: P O Box 2900, Flemington, NJ 08822
Tel (908) 788-1351 Fax (908) 782-7510



Hunterdon County Health Department



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Form B DEMOLITION APPLICATION

Municipality: _____ Block: _____ Lot: _____

Type of Structure(s) to be demolished: _____

Note: if the structure is to be rebuilt, septic plans are required by this office

Planned start date of demolition: _____

Name of solid waste hauler to be used: _____ Note: All Solid Waste must be disposed of at a NJDEP approved facility.

Check list of items need:

- Submit completed Construction Permit Referral form
- Submit plan showing all structures, well(s), on site septic disposal systems (included but not limited to septic tank(s), cesspool(s) and disposal fields), underground storage tanks.
- Septic Repair Application- see below
- Well abandonment Application- see below

The following must be addressed:

Septic Disposal System

- To Remain
 - Structures hooked to sewer
 - To be abandoned—need approved Repair permit*
- *only if property is **not** going to be served by public sewer. Permits to the abandonment of septic disposal systems when a property will be hooked to public sewer are obtained through the Municipal Construction Code offices

Potable Water Supply

- Well to remain. If all structures are to be removed, then well must immediately be re-permitted by a well driller as an irrigation/agricultural well. Driller: _____
- Property served by public water
- Well—to be abandoned by a NJ licensed well driller. Permit and inspection needed. Driller _____

Underground Storage Tanks

- I plan to remove.
- None are located on the property. Structure(s) were heated by: _____.

Asbestos

- All asbestos will be removed from the interior and exterior of the structure prior to demolition of the structure. If asbestos is present the removal will be performed by a licensed asbestos contractor.
- I am a homeowner who will be removing asbestos as a part of my own home renovation project.
- I am certifying that no asbestos will be involved with this demolition activity.

Owner/Contractor's Signature: _____ Date: _____

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Form C

Affidavit of Knowledge Regarding the installation and use of an outdoor wood boiler

Municipality: _____ Block: _____ Lot: _____

Applicant Name: _____

Street Address: _____

By my signature on the bottom of this document I am acknowledging the following:

- I am the owner of record for the above property.
- I have been provided with a copy of the Compliance Advisory WARNING from the NJDEP issued March 2008 in reference to “Smoke from Outdoor Wood Boilers Prohibited”.
- I understand that, should complaints be received to the municipality, Hunterdon County or the State of New Jersey regarding the operation of my Outdoor Wood Boiler, an inspection will be performed by the appropriate agency.
- I understand that if my Outdoor Wood Boiler produces visible smoke for longer than three (3) minutes in any thirty (30) minutes period, I am in violation of NJAC 7:27-3 and subject to monetary penalties.
- I understand that I may not burn garbage, refuse, rubbish, or trade wastes in my Outdoor Wood Boiler.
- I understand that the penalties are progressive starting at \$300 for the first offense, \$600 for the second offense, \$1,500 for the third offense and \$4,500 for the fourth offense and any subsequent offenses

Date

Signature of Homeowner

Date

Signature of Hunterdon County Representative

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