

RECEIPT # \_\_\_\_\_  
Fee: \$15.00

**HUNTERDON COUNTY HEALTH DEPARTMENT  
CONSTRUCTION PERMIT REFERRAL FORM**

MUNICIPALITY: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FACILITY LOCATION (if different from above): \_\_\_\_\_

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 is also acceptable. See numbered notes below.**

**A CONSTRUCTION REFERRAL IS ONLY REQUIRED FOR THE FOLLOWING:**

- \_\_\_\_ Residential - Bedroom Addition -- see #2, 4 & Complete Form A
- \_\_\_\_ Residential Building with no intent to add bedroom -- see #2, 4, Complete Form A & check box
  - Addition       Remodeling
- \_\_\_\_ Commercial (other than retail food) -- see #2, 4 & check box
  - Addition       Remodeling
- \_\_\_\_ Retail Food Establishment -- see #3, 4 & check box
  - New               Renovation
- \_\_\_\_ Commercial Swimming Facility -- see #3 & 4 & check box
  - New Construction     Alteration
- \_\_\_\_ Commercial Kennel - see #3, 4 & check box
  - New Construction     Alteration
- \_\_\_\_ Demolition -- see #4 & Complete Form B

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

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 drawing with equipment specs must be included with form.
4. Locate distances per instructions above

**Note: For East Amwell Township:** well and on-site sewage connections to farm and accessory buildings will need approval from the East Amwell Township Board of Health.

*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: \_\_\_\_\_

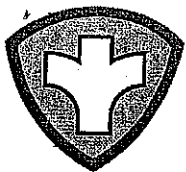
**FOR HEALTH DEPARTMENT USE:**

Hunterdon County Health Department Comments: \_\_\_\_\_

APPROVED       REJECTED      DATE: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

OTC       MI



**Public Health**  
Prevent. Promote. Protect.

# Hunterdon County Department of Health



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

John Beckley  
Health Officer/Director

## Form A

### STATEMENT OF CONFIRMATION: NUMBER OF BEDROOMS

Municipality: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

The proposed renovations to my home will **not** 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

N.J.A.C.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.

Plans as required in Construction Permit Referral Form are still required.

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

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



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John Beckley  
Health Officer/Director

## Form B DEMOLITION APPLICATION

Municipality: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ NJDCA License Number: \_\_\_\_\_

Structure(s) to be demolished: \_\_\_\_\_

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 plot 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 not going to be served by sewer, otherwise, Municipal Construction Code Official has jurisdiction.

**Potable Water Supply**

- Well to remain. If all structures are to be removed then well must immediately be repermited as an Irrigation well
- Property served by public water
- Well to be abandoned by a NJ licensed well driller. Permit and inspection needed.

**Underground Storage Tanks**

- I plan to remove. Confirm that Underground Storage Tank line of Construction Permit Referral form has been completed.
- 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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