

**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.**

- \_\_\_\_\_ Residential - Bedroom Addition – 2, 4 & Complete Form A
- \_\_\_\_\_ Residential Building with no intent to add bedroom – 2, 4, Complete Form A & check next line  
 Addition       Remodeling
- \_\_\_\_\_ Commercial (other than retail food) – 2, 4 & check next line  
 Addition       Remodeling
- \_\_\_\_\_ Retail Food Establishment – 3, 4 & check next line  
 New       Renovation
- \_\_\_\_\_ Commercial Swimming Facility – 3 & 4  
 New Construction       Alteration
- \_\_\_\_\_ Underground Storage Tank – No location plan needed & check next line  
 Removal       Abandonment
- \_\_\_\_\_ Demolition – 4 & Complete Form B
- \_\_\_\_\_ Residential Swimming Pool – 4 & check next line  
 Installation       Abandonment (plastic liner must be removed)
- \_\_\_\_\_ Other – 4 : \_\_\_\_\_  Shed – 4       Fence – 4       Kennel – 3,4

<b>When completed:</b> <input type="checkbox"/> Mail to owner <input type="checkbox"/> Mail to contractor <input type="checkbox"/> Hold for pick-up
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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



# COUNTY OF HUNTERDON

## DEPARTMENT OF HEALTH

Rt. 12 COUNTY COMPLEX, BLDG.# 1, 2<sup>nd</sup> Floor

P.O. BOX 2900

FLEMINGTON, NJ 08822

[www.co.hunterdon.nj.us/health.htm](http://www.co.hunterdon.nj.us/health.htm)

John W. Beckley, M.P.H.  
Director/Health Officer

### OFFICES AT:

**Administration  
Environmental Health Division**  
Route 12 County Complex  
Building 1, 2<sup>nd</sup> Floor  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 788-1351  
Fax: (908) 782-7510  
E-Mail:  
[health@co.hunterdon.nj.us](mailto:health@co.hunterdon.nj.us)

**Public Health Preparedness  
and Epidemiology**  
Route 12 County Complex  
Building 1, 2<sup>nd</sup> Floor  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 806-5190  
Fax: (908) 806-5194  
E-Mail:  
[health@co.hunterdon.nj.us](mailto:health@co.hunterdon.nj.us)

**Public Health Nursing  
and Education**  
1030 Route 31 North  
Lebanon NJ 08833  
Mailing Address:  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 806-4570  
Fax: (908) 806-5503  
E-Mail:  
[phn@co.hunterdon.nj.us](mailto:phn@co.hunterdon.nj.us)

**HIV Counseling and  
Testing Site**  
1030 Route 31 North  
Lebanon NJ 08833  
Mailing Address:  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 806-4893  
Fax: (908) 806-4739  
E-Mail:  
[hiv@co.hunterdon.nj.us](mailto:hiv@co.hunterdon.nj.us)

**Mosquito/Vector Control**  
Rt. 12, County Complex  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 788-1351  
Fax (908) 788-1597  
E-Mail:  
[mvec@co.hunterdon.nj.us](mailto:mvec@co.hunterdon.nj.us)

## 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.



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John W. Bockley, M.P.H.  
Director/Health Officer

### OFFICES AT:

**Administration  
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P. O. Box 2900  
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Fax: (908) 782-7510  
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[health@co.hunterdon.nj.us](mailto:health@co.hunterdon.nj.us)

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Fax: (908) 806-5503  
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Phone: (908) 806-4893  
Fax: (908) 806-4739  
E-Mail  
[hiv@co.hunterdon.nj.us](mailto:hiv@co.hunterdon.nj.us)

**Mosquito/Vector Control**  
Rt. 12, County Complex  
P. O. Box 2900  
Flemington, NJ 08822-2900  
Phone: (908) 788-1351  
Fax: (908) 788-1597  
E-Mail  
[trainey@co.hunterdon.nj.us](mailto:trainey@co.hunterdon.nj.us)

construction referral form (6/09)

## 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 plat 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 booked 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 re-permitted 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: \_\_\_\_\_