

DEPARTMENT OF HEALTH
Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2nd Floor
P.O. BOX 2900
FLEMINGTON, NJ 08822
www.co.hunterdon.nj.us/health.htm
908-788-1351 Fax: 908-782-7510

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: _____

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FOR HEALTH DEPARTMENT USE:

Hunterdon County Health Department Comments: _____

APPROVED REJECTED DATE: _____

Signature/Title: _____

OTC MI



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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, 2nd 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 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 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 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.
- 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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