DIVISION OF PUBLIC HEALTH SERVICES
Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2nd Floor
P.O. BOX 2900

FLEMINGTON, NJ 08822

Revised September 2019

www.co.hunterdon.nj.us/health.htm 908-788-1351 Fax: 908-782-7510

RECEIPT	#

HUNTERDON COUNTY HEALTH DEPARTMENT CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: _		BLOCK: _	LOT:	
OWNER'S NAME	· ·			
PROJECT LOCAT	rion:			
	SS:			
	Fe			
CONTRACTOR N	AME:	PHONE NUMBER:	- 14/11/10/10/10/10	
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: Mail to owner				
A CONSTRUCTION I	CEI ENNAL IS ONET NEGOINE	LD I OK THE I OLLOW	Mail to contractor Hold for pick-up	
Residential B Addition Commercial (other than retail food) – see # 2 uction □ Addition □ Remod stablishment – see # 3, 4 & check	bedroom –see # 2, 4, Cor ssory Building-with plumbi 2, 4 & check box deling k box		
Public Pool – New Const Pet Shop/Ken New Constr Body Art Faci New Constr Demolition –	see # 3 & 4 truction □ Alteration Inel — see # 3, 4 ruction □ Alteration	Addition	Date stamp	
	r a PNCW – see Website for detail	ed Application		
Drawings of ey Architectural d On Survey or s The owner and/or applicant is	kisting and proposed floor plans rawings with equipment specs of septic design locate distances p of responsible for obtaining all other requi-	, with all rooms labeled (see our website for spo er instructions (above to red Federal, State or Municipal	under address line) approvals prior to the commencement of work	
flood plain jurisdictions. Fa			etlands, freshwater wetland transition areas, or rithin these areas may result in removal of the	
OWNER/CONTRACTOR S	SIGNATURE:		DATE:	
and		'H DIVISION USE:		
Hunterdon County Health 0	Comments:			
	D REJECTED D			
Signature/Title:		······		



Hunterdon County Hunterdon County Department of Public Safety Division of Public Health Services



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Form A

	Municipality:	Block:	Lot:	
		NUMBER OF BEDROOMS		
bedroo	oposed renovations to my home <u>will/w</u> oms in my home. My house currently luction, the house will have nur	has number of bedrooms	xpansion of the potential n ; at the completion of the p	umber of proposed
	Date	Signature o	of Homeowner	
<u>Code</u>	Interpretation			
from a system number	OA "Standards for Individual Subsurface Set private residence shall be estimated based was designed and approved based on the rof bedrooms in an existing house, via renomber of bedrooms in a house will require	d on the number of potential bedroo number of potential bedrooms consi vations, requires a review of the exis	ms in the dwelling. The exist tructed in the house. An incre ting septic system capacity. I	ting septic ease in the n creasing
to serve	om" is defined in the code as "any room with e primarily as a bedroom or dormitory". The lon attic.			
	* The Hunterdon County Department of	Health may need verification by Mur	nicipal Tax Assessor.	
	USE OF A	AN EJECTOR PUMP/GRINDE	ER PUMP	
	Proposed construction will not inclu Proposed construction will include the can be added unless the existing Proposed construction will include the increased (50% larger) to accomm septic alteration application for the engineer.	he pumping of gray water only. Natank size is increased (50% lar he pumping of black water. The hodate for these fixtures per Nata	lo black water (toilet) fix ger). existing septic tank mus JAC 7:9A-8.2c and 10.2(a	st be a). A
	Date	Signature	of Homeowner	
	4-11-11-11-11-11-11-11-11-11-11-11-11-11		•	

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



Department of Public Safety Division of Public Health Services



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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, so	eptic plans are required by	this office	
Planned start date of demolition:			
Name of solid waste hauler to be used disposed of at a NJDEP approved facilities.	ity.	ann an an dùth daoidh dheach an	Note: All Solid Waste must be
Check list of items need: [] Submit completed Construction F [] Submit plan showing all structure limited to septic tank(s), cesspool [] Septic Repair Application- see be [] Well abandonment Application- see	s, well(s), on site septic l(s) and disposal fields), low		
The following must be addressed:			
Septic Disposal System [] To Remain [] Structures hooked to sewer [] To be abandoned—need approve *only if property is not going to be s when a property will be hooked to p	served by public sewer.		andonment of septic disposal systems cipal Construction Code offices
Potable Water Supply [] Well to remain. If all structures a an irrigation/agricultural well. [] Property served by public water [] Well—to be abandoned by a NJ l	Driller:		tely be repermitted by a well driller as needed. Driller
Underground Storage Tanks [] I plan to remove. [] None are located on the property.	Structure(s) were heate	ed by:	
Asbestos [] All asbestos will be removed from the structure. If asbestos is presedunt contractor. [] I am a homeowner who will be reconstruction of the contractor of the contractor. [] I am certifying that no asbestos we	nt the removal will be pe emoving asbestos as a pa	erformed by a lice art of my own hon	nsed asbestos ne renovation project.
Owner/Contractor's Signature	::		Date:
			1.1 De and St



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Form C

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

Municipality: _____ Block: ____ Lot: ____

Applica	ant Name:	<u>. </u>	
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 proper	ty.	
	I have been provided with a copy of the Compissued March 2008 in reference to "Smoke fro	oliance Advisory WARNING from the NJDEP om Outdoor Wood Boilers Prohibited".	
i	 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 minutes in any thirty (30) minutes period, I an monetary penalties.	produces visible smoke for longer than three (3) in violation of NJAC 7:27-3 and subject to	
	I understand that I may not burn garbage, refu Boiler.	se, rubbish, or trade wastes in my Outdoor Wood	
;	I understand that the penalties are progressive second offense, \$1,500 for the third offense ar subsequent offenses	starting at \$300 for the first offense, \$600 for the ad \$4,500 for the fourth offense and any	
	Date	Signature of Homeowner	
	Date	Signature of Hunterdon County Representative	