

WALDWICK BUILDING DEPARTMENT

201-652-5300 Ext. 232

Generator Setbacks & SPEC Requirements

GENERATORS:

A generator cannot encroach into any setback (side, front or rear) and should when possible be placed in the rear yard behind the house. There are no restrictions on Zoning for a generator to be placed up against a house or how far away from the house to be placed – follow the requirements as per the manufacturer.

An Electric & Plumbing Permit is required, a site survey with the location of the generator & SPEC sheet. Inspections are required.

PLUMBING REQUIREMENTS:

Please include in your application for a permit the Manufacturer Installation Instructions. Supply a gas pipe isometric drawing of the proposed gas pipe. Show pipe size & type, total length and total loads in BTU's that complies with **IRC 2009 G2412.1 and G2412.8** and sized as per **G2413** for gas pipe sizing.

GAS LINE FOR GENERATORS

TYPE OF PIPE BLACK OR WARDFLEX

LENGTH

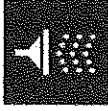
SIZE $\frac{3}{4}$ 1 $1\frac{1}{4}$ $1\frac{1}{2}$ 2

BTUS	7KW 137,000
	8 KW 139,000
	11 KW 142,000
	10 KW 169,000
	13 KW 164,000
	14 KW 220,000
	17 KW 248,000
	20 KW 293,400





PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required
 Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Elec. Fire Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

	Failure	Dates (Month/Day)	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor

sign and seal here: _____

Print name here: _____

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. _____ FEE (Office Use Only) \$ _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

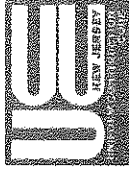
Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors---Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS :	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/2 HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign-Outline Light	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required _____

[] Partial -Underslab Utilities Approved _____

Date: _____ Approved by: _____

[] Electric Plans Approved _____

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev. _____

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Zoning survey

BLOCK _____ LOT _____ ZONE _____ DATE _____

A SURVEY SHOWING ALL EXISTING CURRENT STRUCTURES IS REQUIRED.
 The exact location, size and the height of all proposed structures shall be drawn to scale, including the dimensions between the structures and the property lines.

Owner Last Name _____ First _____
 Address _____ City _____ State _____ Zip _____
 Day Phone _____ Eve. _____ Cell _____
 Name of Applicant (if other than owner) _____
 Email Address _____

Existing Square footage of the House =		_____ Sq. Ft.
Deck =		_____ Sq. Ft.
Shed =		_____ Sq. Ft.
Detached Garage =		_____ Sq. Ft.
Concrete Patio =		_____ Sq. Ft.
Swimming Pool (including concrete surround) =		_____ Sq. Ft.
Driveway / Sidewalks =		_____ Sq. Ft.
Improved Lot Coverage =		_____ Sq. Ft.

Lot Width _____ x Lot Depth _____ = _____ Lot Size Sq. Ft.
 Lot Size Sq. Ft. _____ x 40 % allowed = _____ Max. Sq. Ft. allowed.
 Total Lot Coverage Sq. Ft. _____ - Lot Sq. Ft. _____ = _____ % of Existing Coverage

PROPOSED PROJECT IS _____

Project Length _____ x Project Width _____ = _____ Sq. Ft. Coverage.

Coverage Before Project _____ Sq. Ft. + Project Coverage _____ = _____ Sq. Ft.
 Coverage Sq. Ft. _____ - Lot Sq. Ft. _____ = _____ % Coverage After Project

Max. Allowed in Zone: R-1 = 40% R-2 = 40 % R-3 = 40 %

I certify that I am the owner or the owner's agent, and the above statements are true and factual.

Signed _____ Date _____