



**TOWNSHIP OF HARDING
BOARD OF HEALTH
RENOVATION/ADDITION REVIEW
ARCHITECTURAL REVIEW-NEW CONSTRUCTION
\$175.00 FEE**

21 Blue Mill Road, P.O. Box 666
New Vernon, New Jersey 07976
(973) 267-8000 Ext. 715

The Harding Township Department of Health reviews and permits building renovations, alterations, walls, additions and installation of such improvements as shed, swimming pools, garages, out-buildings, tennis courts, decks, gazebos, walls etc. The primary focus of the review is to ensure that the construction activities do not adversely affect the well and septic system. This review is separate and distinct from any reviews and permits required by the Building Department, the Township Engineer, the Zoning Officer or others. To facilitate the review process, please answer the following questions and provide a project plan as described below.

COMPLETE BOTH SIDES OF THIS FORM

DATE SUBMITTED: _____

SITE INFORMATION:

PROPERTY LOCATION: _____ BLOCK: _____ LOT: _____

MAILING ADDRESS: _____

OWNER: _____

PHONE: _____ EMAIL: _____

CURRENT OCCUPANT (if different than owner): _____

PHONE: _____ EMAIL: _____

NUMBER OF EXISITING BEDROOMS: _____

PROJECT INFORMATION:

Briefly describe the project:

Project Engineer: _____

Address: _____

Phone: _____ Email: _____

Project Architect: _____

Address: _____

Phone: _____ Email: _____

Project Contractor: _____

Address: _____

Phone: _____ Email: _____

PROJECT INFORMATION-continued:

<p>Will there be any changes, additions or deletions to the plumbing system? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, describe:</p>
<p>Will there be any removal or demolition of existing buildings or structures? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, the following information may be required, as applicable:</p> <p>Extermination: A letter from a licensed exterminator indication the type of infestation (none detected, wood destroying insect, rodent or other), the type and date of treatment, certification of completion.</p> <p>Public Water Disconnect: A letter from the public water supply indicating the disconnection of the water has been completed.</p>

REQUIREMENT CHECKLIST:

Scaled plot plans, surveys, drawings and designs are required that show the following information:

PLOT PLAN MUST SHOW: The Health Department may have some of this information, check the files.

<input type="checkbox"/>	The locations of all permanent improvements including, but not limited to: driveways, house foundations, pools, out-buildings, deck, underground storage tanks; underground drainage lines and underground utilities.
<input type="checkbox"/>	Lot boundaries and location of neighboring or adjacent septic systems and wells.
<input type="checkbox"/>	The specific location (as-built, not as-planned) of the site's septic system components including the septic tanks, lines, D-box, laterals, curtain drains, etc. Indicate on plan, the method of determining the location.
<input type="checkbox"/>	The specific location of the site's well.
<input type="checkbox"/>	The specific location(s) of roof drainage seepage pits.
<input type="checkbox"/>	Proposed construction access waters.
<input type="checkbox"/>	Streams, ponds, or other surface water.

ARCHITECTURAL PLAN MUST SHOW:

<input type="checkbox"/>	Architectural or design plan for <i>entire</i> structure, including all floors and rooms.
<input type="checkbox"/>	Plans must include current conditions on all floors and for all rooms as well as proposed work.
<input type="checkbox"/>	Proposed work, demolition and changes must be highlighted or otherwise called out.

APPLICANT NAME

APPLICANT SIGNATURE

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FOR DEPARTMENT USE ONLY

DATE RECEIVED: _____ TIME RECEIVED: _____ RECEIPT NO.: _____

