

DIVISION OF PUBLIC HEALTH SERVICES  
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  
908-788-1351 Fax: 908-782-7510

RECEIPT # 64890

HUNTERDON COUNTY HEALTH DEPARTMENT  
CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: Township of Union BLOCK: 25 LOT: 2  
OWNER'S NAME: Andrew. F. Pecoraro  
PROJECT LOCATION: 61 Race St, Pittstown NJ 08867  
MAILING ADDRESS: (above)  
PHONE NUMBER: (908) 208-3960 EMAIL: dr.apec@comcast.net  
CONTRACTOR NAME: Matt Farber PHONE NUMBER: (908) 310-0187  
MAILING ADDRESS: 32 Sylvan Rd., High Bridge, NJ 08829

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:**

When completed:  
 Mail to owner  
 Mail to contractor  
 Hold for pick-up

- Residential - Bedroom Addition – see # 2, 4 & Complete Form A
- Residential Building with intent to add bedroom – see # 2, 4, Complete Form A
  - Addition  Remodeling  Accessory Building-with plumbing
- Commercial (other than retail food) – see # 2, 4 & check box
  - New Construction  Addition  Remodeling
- Retail Food Establishment – see # 3, 4 & check box
  - New Construction  Renovation  Addition
- Public Pool – see # 3 & 4
  - New Construction  Alteration
- Pet Shop/Kennel – see # 3, 4
  - New Construction  Alteration
- Body Art Facility – see # 3, 4
  - New Construction  Alteration
- Demolition – see # 4 & Complete Form B
- Outdoor Wood Boiler – Complete Form C
- Treatment for a PNCW – see Website for detailed Application

Date stamp  
**RECEIVED**  
FEB 12 2021  
HUNTERDON COUNTY HEALTH DEPARTMENT

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 drawings with equipment specs (see our website for specific codes requirements)
4. On Survey or septic design locate distances per instructions (above under address line)

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: [Signature] DATE: 2/10/2021

FOR HEALTH DIVISION USE:

Hunterdon County Health Comments: \_\_\_\_\_

APPROVED  REJECTED DATE: Feb. 22, 2021  
Signature/Title: [Signature] REHS

Revised September 2019