BLOCK 701 LOT 9.05 QUALIFICATION CODE C2110 ADDRESS (SITE) 210 Revival Rd PERMIT NO. 21-3159

# CONSTRUCTION PERMIT APPLICATION

C-21-B21-003619

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

## I. IDENTIFICATION

1. Proposed Work Site at: 210 Revival Rd. - Valet
2. Name of Owner in Fee: Hexa I.10, JV, I.I.C
   253 Main St. Suite 385
   Matawan, NJ 07747
   (732) 721-4600
   Tel. e-mail Bemba.b@espocon.net
   Address (street) (municipality) (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Hexa I.10, JV, I.I.C
   253 Main St. Suite 385
   Matawan, NJ 07747
   (732) 721-4600
   Tel. (732) 772-5421
   Address e-mail Bemba.b@espocon.net
   License No. OR, if new home, Builder Reg. No. 49736 Exp. Date 9/21
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 821248031 FAX:
5. Architect or Engineer Michael Testa Architect Contact
   Address 701 Tennent Rd e-mail
   Manalapan, NJ 07726
   Tel. (732) 972-9177 FAX:
6. Responsible Person in Charge once Work has Begun B Balsirow
   Tel. (732) 772-5421 FAX:

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 1778- | | |
| 2. Electrical | 125- | | |
| 3. Plumbing | 64- | 64- | 169- |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ 69- | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 2 | | |
| 10. Subtotal | $ 2169- | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 2178- | 64- | 169- |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. Number of Stories | 3 | |
| 2. Height of Structure | 43 ft. | |
| 3. Area — Largest Floor | 594 sq. ft. | |
| 4. New Building Area | 1802 sq. ft. | |
| 5. Volume of New Structure | 18,690 cu. ft. | |
| 6. Max. Live Load | | |
| 7. Max. Occupancy Load | | |
| 8. If Industrialized Building: State Approved ____ HUD ____ | | |
| 9. Total Land Area Disturbed | sq. ft. | |
| 10. Flood Hazard Zone | | |
| 11. Base Flood Elevation | ft. | |
| 12. Wetlands yes ____ no ____ | | |

## IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☒ New Building (New SFD)
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition (Valet)
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

## IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☒ Building | 93K | | | | 11-22-21 | SG | | | |
| ☒ Electrical | 12K | | | | 10-25-21 | MA | | | |
| ☒ Plumbing | 10K | | | | 11-8-21 | WM | | | |
| ☒ Fire Protection | 9700 | | | | 11-29-21 | LSR | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | 124700 $0 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present 5A
Proposed

## III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☒ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

# CONSTRUCTION PERMIT

Date Issued 12/6/21
Control # C-21-003619
Permit # 21-3159

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2110
Work Site Location: 210 REVIVAL RD PROTO VALOR1 , NJ

Owner in Fee: HEXA L10 JV LLC, 253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421

Contractor: HEXA L10 JV, LLC
Address: 253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421
Lic. No. or Bldrs. Reg. No. 049736
Federal Employee. No. 821248031

**Is hereby granted permission to perform the following work:**

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
Multi Family Dwelling BLDG 21 (VALOR1)

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $115,450

D. Nawrat 12/1/21
Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $700 |
| Electrical | $278 |
| Plumbing | $725 |
| Fire Protection | $64 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $69 |
| CO Fee | $267.00 |
| Other | $0 |
| Total | $2,103 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# BUILDING SUBCODE
## TECHNICAL SECTION

BLDG. 21

Date Received 12/6/21
Control #

Date Issued
Permit # 21-3159

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 REVIVAL RD.-VALOR-1
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, L.L.C.

Tel. (732) 772-5421 e-mail bemba.b@espocon.net

Address 253 Main St., Suite 385 Matawan, N.J. 07747
(street) (municipality) (zip code)

Contractor: Hexa L10 JV, LLC Tel. (732) 772-5421

Address 253 Main St., Suite 385 e-mail bemba.b@espocon.net
Matawan, NJ 07747

Contractor License No. or Builder Registration No. 49736 Exp. Date 09/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 821248031 FAX: (732) 862-1123

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 11.22.21 | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/29/21
Approved by: VRK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present N/A Proposed R-5
No. of Stories 3
Height of Structure 43 ft.
Area — Largest Floor 594 sq. ft.
New Bldg. Area/All Floors 1,832 sq. ft.
Volume of New Structure 18,690 cu. ft.
Max. Live Load 40
Max. Occupancy Load

**Constr. Class** Present N/A Proposed 5-A

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 93,000
2. Rehabilitation $
3. Total (1+ 2) $ 93,000

**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.

Sign here:

Print name here: Bemba Balsirow

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

New Single-Family Townhome Dwelling- VALOR-1

32' BASE LAYOUT with the following:
Ground Level Powder Room Option-4/A3
Ground Level Recreation Room-1/A3
Front Building ELEVATION "B"-TRAY CLG-1/A5
GAS LINE/PAD OPT.-SK-2

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

B21

Date Received 12/6/21
Control #
Date Issued
Permit # 21-3159

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 Revival Rd - Valor I

Owner in Fee: Hexa I, 10, JV, LLC
253 Main St. Suite 385
Matawan, NJ 07747
(732) 721-4600

Tel. (732) 772-5421 e-mail Bemba.b@espocon.net

Address (732) 772-5421
street municipality zip code

Contractor: DAVE'S ELECTRIC, LLC Tel. (609) 361-0236

Address 4000 LONG BEACH BLVD e-mail

BRANT BEACH, NJ 08008

Contractor License No. 5828 Exp. Date 03/24

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 810716753 FAX: (609) 361-7280

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed RS

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 12000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 10-25-21 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-25-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type: | Failure | Failure | Approval | Initial |
| 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

**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: David J. Smith

[X] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: NSF TOWNHOME - VALOR I

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 25 | | Lighting Fixtures | |
| 40 | | Receptacles | |
| 28 | | Switches | |
| 10 | | Detectors | |
| | | Light Poles | |
| 2 | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 105 | | 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 | |
| 1 | 2 | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 3 | KW Central A/C Unit | |
| 1 | 2 | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 125 | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $



Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# PLUMBING SUBCODE
## TECHNICAL SECTION

BUILDING 21

Date Received 12/6/21
Control #
Date Issued ~~1/23/20~~
Permit # ~~20-0202~~ 21-3159

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 REVIVAL RD.-VALOR 1
Brick, NJ 08724

Bld. 21

Owner in Fee: Hexa L10 JV, LLC

Tel. (732) 772-5421 e-mail bemba.b@espocon.net

Address 253 main St., Suite 385 Matawan, N.J. 07747

Contractor: Fazzaro (street) Plumbing/Heating (municipality) Tel. (732) 928-1137 (zip code)

Address 612 Oak Leaf St. e-mail
Jackson, NJ 08527

Contractor License No. 12048 Exp. Date 06/21/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223708743 FAX:

**B. PLUMBING CHARACTERISTICS**

Use Group Present N/A Proposed R-5

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 10,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 11-8-21 Approved by: WM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-8-21
Approved by: WM ACTING

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas 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: Scott Fazzaro

Print name here: SCOTT FAZZARO

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
New Single Family Townhome Dwelling-VALOR W/gas grill line opt.

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 4 | Water Closet | $ |
| | Urinal/Bidet | |
| 2 | Bath Tub | |
| 5 | Lavatory | |
| 1 | Shower | |
| | Floor Drain | |
| 1 | Sink | |
| 1 | Dishwasher | |
| | Drinking Fountain | |
| 1 | Washing Machine | |
| 2 | Hose Bibb | |
| 1 | Water Heater | |
| | Fuel Oil Piping | |
| 5 | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| 1 | Sewer Connection | |
| 1 | Water Service Connection | |
| 2 | Stacks | |
| 1 | Other afc | |

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



Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

BZ1

Date Received 12/6/21
Control #
Date Issued
Permit # 21-3159

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 REVIVAL RD. VALORI

Hexa I, LLC, JV, LLC
253 Main St. Suite 385
Matawan, NJ 07747

Owner in Fee: (732) 721 4600

Tel. (732) 772-5421 e-mail Bemba.b@espocon.net

Address (street)

Contractor: DAVE'S ELECTRIC, LLC (municipality) Tel. (609) 361-0236 (zip code)

Address 4000 LONG BEACH BLVD e-mail

BRANT BEACH, NJ 08008

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. ELEC # 5828 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 810716753 FAX: (609) 361-7280

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present ____ Proposed RS

**Constr. Class:** Present ____ Proposed 5A

**Heating System:** [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 450

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/7/21
Approved by: NSD AEC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other | | | | |

**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.

Applicant/Contractor sign here:

Print name here: DAVID J SMITH

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: Install smoke/CO detect.
**Water Supply Source**
**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [X] 110v Interconnected | | |
| [X] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 10 | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | 10 | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |

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

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# PERMIT UPDATE

Date Update Issued 12/6/21
Control # C-21-003619+A
Permit # +A
21-3159

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2110
Work Site Location: 210 REVIVAL RD PROTO VALOR1 , NJ
Owner in Fee HEXA L10 JV LLC
253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421

Contractor HEXA L10 JV, LLC
Address 253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421
Lic. No. or Bldrs. Reg. No. 049736
Federal Employee. No. 821248031

**Is hereby granted permission to perform the following work:**

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
Multi Family Dwelling BLDG 21 (VALOR1) ...UPDATE +A - GAS FURNACE

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $9,000

Construction Official — Date 12/1/21

U.C.C. F170
equiv (rev 1/04)

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $64 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $64 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

B21 Update

Date Received 12/6/21
Control #
Date Issued
Permit # 21-3159 +A

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 Revivac RD. (Vacor)
Brick, NJ 08723

Owner in Fee: Hexa L10 JV, LLC

Tel. (732) 772-5421 e-mail bemba.b@espocon.net

Address 253 Main St. Suite 385 Matawan, NJ 07747
(street) (municipality) (zip code)

Contractor: KOOLVENT MECHANICAL, LLC Tel. (866) 587-7496

Address P.O. BOX 1198 e-mail duralef@yahoo.com
WALL, NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present N/A Proposed R-5

**Constr. Class:** Present N/A Proposed 5-A

**Heating System:** [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: Ground Floor

**Total Cost of Fire Protection Work $** 9,000

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/6/21
Approved by: NO ADSC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other | | | | |

**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.

Applicant/Contractor sign here: Dale R Mascola

Print name here: Dale R Mascola

**D. TECHNICAL SITE DATA** [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Installing H.V.A.C.

**Water Supply Source**

**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | 0 | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid | 1 | Waived |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge $ | | |
| Minimum Fee $ | | |
| State Permit Surcharge Fee $ | | |
| TOTAL FEE $ | | |

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# PERMIT UPDATE

Date Update Issued 12/6/21
Control # C-21-003619+B
Permit # +B
21-3159

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2110
Work Site Location: 210 REVIVAL RD PROTO VALOR1 , NJ
Owner in Fee HEXA L10 JV LLC
253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421

Contractor HEXA L10 JV, LLC
Address 253 MAIN ST STE 385 MATAWAN NJ 07747
Telephone: (732) 772-5421
Lic. No. or Bldrs. Reg. No. 049736
Federal Employee. No. 821248031

**Is hereby granted permission to perform the following work:**

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

Multi Family Dwelling BLDG 21 (VALOR1) ...UPDATE +B - RANGE, DRYER, GRILL

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $250

O. Naumuk — 12/1/21
Construction Official — Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $169 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $169 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

B21 Update

Date Received 12/6/21
Control #
Date Issued
Permit # 21-3159 +B

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

Block 701 Lot 9.05 Qualification Code C2110

Work Site Location 210 REVIVAL RD.- VALOR 1
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

Tel. (732) 772-5421 e-mail bemba.b@espocon.net

Address 253 Main St. Suite 385 Matawan, N.J. 07747
(street) (municipality) (zip code)

Contractor: Fazzaro Plumbing/Htg. Tel. (732) 928-1137

Address 612 Oak Leaf St. e-mail sfazzaro@gmail.com
Jackson, NJ 08527

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Plum 12048 Exp. Date 06/14/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223708743 FAX:

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present N/A Proposed R-5

**Constr. Class:** Present N/A Proposed 5-A

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 250

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/8/21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other | | | | |

**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.

Applicant/Contractor sign here: Scott Fazzaro

Print name here: Scott Fazzaro

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK:
**Water Supply Source** Install Range & Dryer
**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [X] 110v Interconnected | | |
| [X] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 0 | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | 0 | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid | 3 | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |

Dryer
Grill

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

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/6/21
Application Number: ZA-21-01531
Application Date: 9/29/2021
Project Number:
Permit Number: ZP.21-01695
Fee: $75.00

# Zoning Permit

Worksite Location: **210 Revival Rd.**
**Building #21**
**Brick Township, NJ 08723**

Owner: **Hexa L10, JV, LLC**
Address: **253 Main St., Suite 385**
**Matawan , NJ 07747**

Applicant: **Hexa L10, JV, LLC**
Address: **253 Main St., Suite 385**
**Matawan , NJ 07747**

Block: **701** Lot: **9.05** Qualifier: **C2110** Zone: **MUOZ**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Multi-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Multi-Family Residential New Visions**

Work Description:

**New Building, Deck/Porch, Air-Conditioner Condenser Unit, Grill Pad - New Townhouse #210 Valor (Plan) New Visions**
**Building #21 1802 sq. ft.**
**Site Plan approved by the Planning Board**
**Application No. 2700 (2659) A- PSP- V - FSP- CU 8/11**
**Resolution No. R-38-11**
**Approved on December 14, 2011/**
**December 16, 2015 (Deck)**

**Additional Zoning permit is required for additional work.**
**Concrete BBQ Pad- 5' x 5'**

**See attached approval from New Visions Condominium Association regarding the installation of concrete pads for the placement of outdoor grills.**

**Additional Zoning Permit is required for additional work.**

Application Approved Date: 10/1/2021

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 10/1/2021 Date