

#108
called 8/23/07

BLOCK 1421.08 LOT 4.08 QUALIFICATION CODE _____ ADDRESS (SITE) 720 Maidenstone DR PERMIT NO. 07-2643



CONSTRUCTION PERMIT APPLICATION

07-003806

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

I. IDENTIFICATION

1. Proposed Work Site at: 720 Maidenstone DR.
2. Name of Owner in Fee: Hamptons at Herbertsville L.L.C.
Tel. (732) 458-1465 e-mail _____
Address 21 East Front St. Suite 200 Red Bank N.J. 07201
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Hamptons at Herbertsville L.L.C. Tel. (732) 458-1465
Address 21 East Front St. Suite 200 Red Bank N.J. 07201
License No. OR, if new home, Builder Reg. No. 036940 Exp. Date 1/31/09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 16-1617379 FAX: (732) 458-1463
5. Architect or Engineer Tom Brennan Contact Ben
Address 6505 Windercrest DR. Aven T.X. e-mail _____
Tel. (972) 867-3948 FAX: (469) 361-2164
6. Responsible Person in Charge once Work has Begun Jason Navantieri ✓
Tel. (732) 458-1465 FAX: (732) 458-1463

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1598</u>		
2. Electrical	<u>164</u>	<u>188</u>	
3. Plumbing	<u>336</u>	<u>32</u>	<u>56</u>
4. Fire Protection	<u>216</u>		<u>36</u>
5. Elevator Devices	<u>0</u>		
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>196</u>		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$ <u>231</u>		
11. Cert. of Occupancy			
12. Other <u>244GP</u>	<u>60</u>	<u>220</u>	
13. TOTAL	\$ <u>2801</u>		<u>92</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2
2. Height of Structure 28 ft.
3. Area — Largest Floor 2364 sq. ft.
4. New Building Area 3504 sq. ft.
5. Volume of New Structure 73992 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed 4500 sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>MEG</u>	<u>7/27/07</u>		<u>8/20/07 PM</u>				
				<u>8/22/07</u>	<u>MEG</u>			
				<u>8/14/07</u>				
				<u>8/16/07</u>				
	<u>Gm</u>	<u>8/13/07</u>		<u>8/13/07</u>				

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

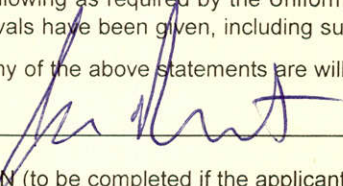
I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature  Date 7/25/07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

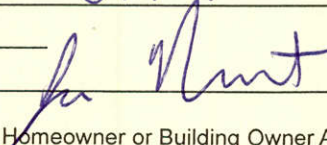
☐ Check if contractor.

Agent Name Jason Navantieri

Address 21 East Front St. Suite 200

Red Bank N.J. 07701

Telephone (732) 458-1465

Signature 

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/29/2008
Control Number C-07-003806
Permit Number 07-2643
Permit Issue Date 08/24/2007
Certificate Number 07-2643

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ Block: 1421.08 Lot: 4.08 Qual: _____
Owner in Fee: HAMPTONS AT HERBERTSVILLE LLC
Owner Address: 21 EAST FRONT ST STE 200 RED BANK NJ 07701
Telephone: (732) 578-0960
Contractor HAMPTONS AT HERBERTSVILLE LLC
Address 21 EAST FRONT STREET RED BANK NJ 07701
Telephone: (732) 578-0960 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 16-167379

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS BURNING FIREPLACE, NEW SF DWELLING HAMPTON MODEL ELEVATION II

Certificate Comments:

☒ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

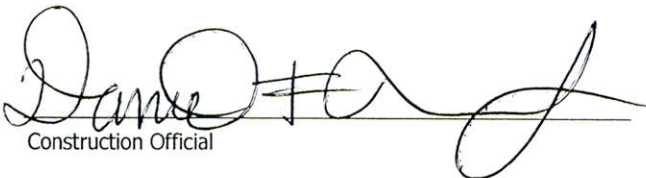
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Fee: \$231.00

Check Number: 3304

Collected By: Inspection Account



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

07-2643

Date Issued
Permit #

8-24-07

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

Block 1421.08 Lot 4.08 Qualification Code _____

Work Site Location 720 Maidenstone DR.

Owner in Fee: Hamptons at Herbertsville L.L.C.

Tel. (732) 458-1465 e-mail _____

Address 21 East Front St. Red Bank N.J. 07701

Contractor: KABLAN PLUMBING & HEATING CO. INC. zip code _____

Address 119 EAST 11th AVE. Tel. (_____) _____

Address ROSELLE, NJ 07203 e-mail _____

Contractor License No. 908-245-0064 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 4932

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

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 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 \$ 9,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 8/16/07

Approved by: _____

SUBCODE APPROVAL

☒ CO ☐ CCO ☐ CA

Date: 9-15-08

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Dates (Month/Day)

Failure Failure Approval Initial

5/23/08 6/19/08

9/12/08 9/12/08

9/12/08 9/12/08

9/12/08 9/12/08

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9/12/08 9/12/08

9/12/08 9/12/08

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

43

2

5

1

1

1

1

1

1

2

1

5

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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

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other condensate

Other Ice make Line

FEE (Office Use Only)

\$ _____

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's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

5/23/08

- ① - 1 1/2 ~~inch~~ ARM FOR BAR BINK - 8'
- ② - STD SHOTS - KIT. WASTE

③ tech



PLUMBING & HEATING CO.
EAST TOWN
BOSTON, MA 02110
617-552-0004
4038
BOSTON

6/5/08 W - Frame Rg

- 1) Trusses Broken (Eng. letter)
- 2) Hanger C truss -
- 3) Hangers in basement -
- 4) HVAC Compromised Floor beams in basement 3 locations -
- 5) Vent Bath Fan
- 6) Frame down F/P
- 7) Checklist
- 8) Bolt To Beams to date

6/13/08 Above OK - TRUSS REPAIRED
(see attached)

(B) tech



9/17/08 Final Rg W -

- X1) Platform C Rear slider
- X2) Gripable handrails ← Garage Rear slider
- X3) Drop fixtures in garage ceil -
- X4) Additional fasteners for Truss Repair (top of steps)

PERMIT # 07-2643

LOT: 4.08 BLOCK: 1421.08

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

☒ ☐ SPACING
☒ ☐ SIZE

STRAPS

☒ ☐ SPACING (PER MANUFACTURER'S SPECS)
☒ ☐ SIZE

2. SILL PLATES:

☒ ☐ SIZE
☒ ☐ GRADE, SPECIES
☒ ☐ TREATMENT
☒ ☐ LAPS
☒ ☐ SILL SEALER
☒ ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
☒ ☐ TERMITE PROTECTION

3. BEAM POCKETS:

☒ ☐ BEARING/SHIMS
☒ ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

☒ ☐ SIZED PER PLAN
☒ ☐ ATTACHMENT/PLATES
☒ ☐ SPACING/LOCATION
☒ ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST: 2. GIRDERS AND BEAMS:

1 ST	2 ND	3 RD	FLOOR
☒ ☐	☒ ☐	☐ ☐	SIZE
☒ ☐	☒ ☐	☐ ☐	GRADE, SPECIES
☒ ☐	☒ ☐	☐ ☐	SINGLE OR DOUBLE
☒ ☐	☒ ☐	☐ ☐	PRE-ENGINEERED PER MANUFACTURER'S SPECS
☒ ☐	☒ ☐	☐ ☐	CANTILEVERS AS PER DESIGN

☒ ☒ SIZED PER PLAN
☒ ☐ TYPE
☒ ☐ GRADE, SPECIES
☒ ☐ LOCATION AND RELATION TO THE PLAN
☒ ☐ NAILING
☒ ☐ ATTACHMENT SCHEDULE
☒ ☐ BEARING
☒ ☐ LAPPING

3. FLOOR JOIST:

1 ST	2 ND	3 RD	FLOOR
☒ ☐	☒ ☐	☐ ☐	SIZE
☒ ☐	☒ ☐	☐ ☐	GRADE, SPECIES
☒ ☐	☒ ☐	☐ ☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☒ ☐	☒ ☐	☐ ☐	BEARING
☒ ☐	☒ ☐	☐ ☐	NAILING
☒ ☐	☒ ☐	☐ ☐	BRIDGING
☒ ☐	☒ ☐	☐ ☐	CUTTING AND NOTCHING (AS PER CODE)
☒ ☐	☒ ☐	☐ ☐	POINT LOADS - SUPPORTED AS PER PLAN
☒ ☐	☒ ☐	☐ ☐	SPAN HANGERS
☒ ☐	☒ ☐	☐ ☐	HEADERS
☒ ☐	☒ ☐	☐ ☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1 ST	2 ND	3 RD	FLOOR
☒ ☐	☒ ☐	☐ ☐	PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1 ST	2 ND	3 RD	FLOOR
☒ ☐	☒ ☐	☐ ☐	BEARING
☒ ☐	☒ ☐	☐ ☐	NAILING

SPECIAL REQUIREMENTS

☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ EDGE BLOCKING (IF REQUIRED)
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ GAPPING
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code N.J.A.C. 5:23.

Responsible Person in Charge of Work:

Ante Curran

Date:

6/5/08

Building Inspector Initials:

Date:

6-1308

PERMIT # 07-2643

 LOT: 4.08 BLOCK: 1421.08

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

2 ND	3 RD	FLOOR	
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES
☒	☒	☒	JACK STUD BEARING
TOP PLATES			
☒	☒	☒	NAILING
☒	☒	☒	LAPS
☒	☒	☒	RAFTER TIES
☒	☒	☒	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR	
☒	☒	☒	☒	SIZE
☒	☒	☒	☒	SPACE
☒	☒	☒	☒	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	☒	FIRE BLOCKING
☒	☒	☒	☒	HEADER SIZES
☒	☒	☒	☒	JACK STUD BEARING
TOP PLATES				
☒	☒	☒	☒	NAILING
☒	☒	☒	☒	LAPS
☒	☒	☒	☒	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR	
☒	☒	☒	☒	SIZE
☒	☒	☒	☒	SPACE
☒	☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	☒	FIRE BLOCKING
☒	☒	☒	☒	HEADER SIZES
☒	☒	☒	☒	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

☒	☒	LAYOUT PLANS
☒	☒	TRUSS MEMBERS
☒	☒	CONNECTION SCHEDULE
☒	☒	PERMANENT BRACING DETAILS
☒	☒	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
☒	☒	EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
☒	☒	LOCATION AS PER LAYOUT
☒	☒	ALIGNMENT
☒	☒	BEARING
☒	☒	SPACING
☒	☒	CONNECTIONS TO BEARING POINTS
☒	☒	NO CONNECTION TO NON-BEARING POINTS
☒	☒	DAMAGE AND DEFECTS
☒	☒	ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

☒	☒	LAYOUT
☒	☒	SIZE
☒	☒	TYPE
☒	☒	NAILING
☒	☒	OVERLAP
☒	☒	TERMINATION
☒	☒	TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

☒	☒	LAYOUT
☒	☒	SIZE
☒	☒	TYPE
☒	☒	NAILING
☒	☒	OVERLAP
☒	☒	TERMINATION

4. SOLID SAWN ROOF FRAMING:

☒	☒	SIZE
☒	☒	GRADES, SPECIES
LAYOUT		
☒	☒	SPACING
☒	☒	SPAN
☒	☒	BEARING
☒	☒	FASTENING
☒	☒	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	BRIDGING
☒	☒	RIDGE SIZE
☒	☒	HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

☒	☒	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS		
☒	☒	GAPPING
☒	☒	LAYOUT
☒	☒	CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

☒	☒	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS		
☒	☒	BLOCKING, EDGE (IF REQUIRED)
☒	☒	CLIPS (IF REQUIRED)
☒	☒	GAPPING
☒	☒	LAYOUT

SHEATHING, FRT - ROOF

☒	☒	FOUR FEET FROM FIREWALL
☒	☒	NONCORROSIVE FASTENERS

MiTek Industries, Inc.

14515 North Outer Forty Drive
Suite 300
Chesterfield, MO 63017-5746

Re: E7080150
RD/Hamptons@Herbertsville lot 4.08

The truss drawing(s) referenced below have been prepared by MiTek Industries, Inc. under my direct supervision based on the parameters provided by U.S. Components-Berlin, NJ.

Pages or sheets covered by this seal: I13265085 thru I13265085

My license renewal date for the state of New Jersey is April 30, 2008.



December 27, 2007

Fox, Steve

The seal on these drawings indicate acceptance of professional engineering responsibility solely for the truss components shown. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI-2002 Chapter 2.

Job#	Truss	Truss Type	Qty	Ply	RD/Hampton@Herbertsville lot 4.08	I13265085
E7080150	T1H6	COMMON	1	1	Job Reference (optional)	

U.S. Components LLC - A Pro-Build Company, Moorestown, NJ 08057

6.500 s Aug 27 2007 Mitek Industries, Inc. Thu Dec 27 07:53:18 2007 Page 1

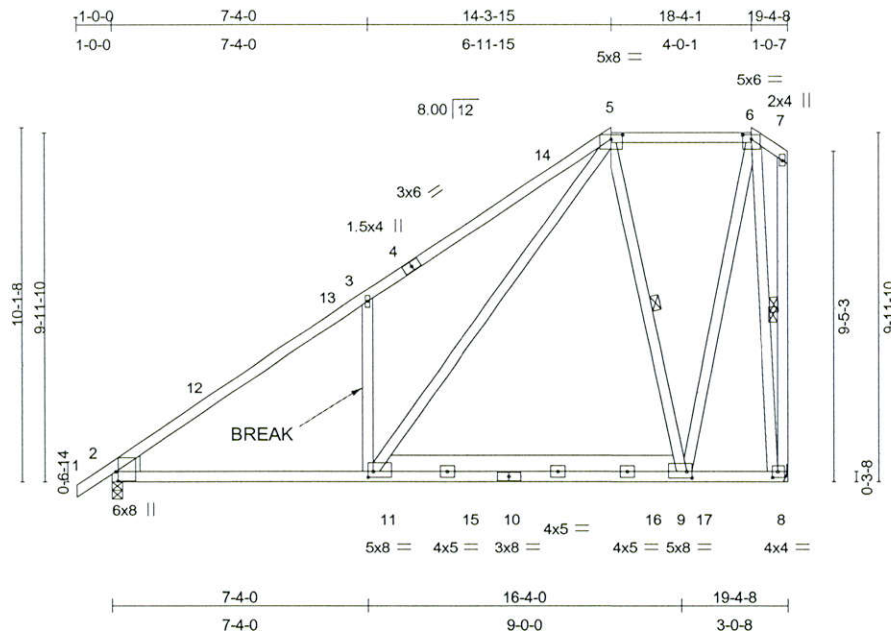


Plate Offsets (X,Y): [2:0-3-4,0-0-12], [5:0-4-0,0-1-9], [6:0-3-0,0-1-8], [7:0-0-0,0-0-0], [8:0-1-12,0-2-4], [9:0-1-12,0-2-4], [11:0-1-12,0-2-0]

LOADING (psf)	SPACING	2-0-0	CSI	DEFL	in	(loc)	I/defl	L/d	PLATES	GRIP
TCLL 30.0	Plates Increase	1.15	TC 0.99	Vert(LL)	-0.13	9-11	>999	360	MT20	197/144
TCDL 10.0	Lumber Increase	1.15	BC 0.92	Vert(TL)	-0.26	2-11	>871	240		
BCLL 0.0 *	Rep Stress Incr	NO	WB 0.70	Horz(TL)	0.03	8	n/a	n/a		
BCDL 10.0	Code IRC2006/TPI2002		(Matrix)							
									Weight: 128 lb	

LUMBER	BRACING
TOP CHORD 2 X 4 SPF No.2 *Except*	TOP CHORD Structural wood sheathing directly applied or 3-1-0 oc purlins, except end verticals.
1-4 2 X 4 SPF 1650F 1.5E	
BOT CHORD 2 X 4 SPF No.2 *Except*	BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.
9-11 2 X 6 SPF No.2	
WEBS 2 X 4 SPF No.2 *Except*	WEBS 1 Row at midpt 5-9, 7-8, 6-8
3-11 2 X 4 SPF Stud	with 2 X 4 HF Std with 2 - 10d (0.131"x3") nails and cross brace spacing of 20-0-0 oc.

WEDGE
Left: 2 X 6 SPF No.2

CONDITION: TRUSS MEMBER(S) HAVE BREAK(S) AND/OR LOOSE PLATES AS SHOWN.

REACTIONS (lb/size) 2=971/0-3-8, 8=960/Mechanical
Max Horz 2=320(LC 9)
Max Uplift 2=-80(LC 9), 8=-189(LC 10)
Max Grav 2=1281(LC 19), 8=1323(LC 2)

REPAIR: UNLESS NOTED OTHERWISE, REFER TO MITEK STANDARD REPAIR DETAIL ST-REP01A1 FOR PROPER SCAB SIZING AND NAILING REQUIREMENTS. USE THE LARGER OF THE (COMPRESSION/TENSION) MEMBER FORCE SHOWN IN THE FORCES SECTION.

FORCES (lb) - Maximum Compression/Maximum Tension
TOP CHORD 1-2=0/44, 2-12=-1792/59, 12-13=-1641/64, 3-13=-1430/90, 3-4=-1751/231, 4-14=-1505/251, 5-14=-1398/272, 5-6=-357/79, 6-7=-107/38, 7-8=-199/52
BOT CHORD 2-11=-297/1339, 11-15=-113/508, 10-15=-113/508, 10-16=-113/509, 9-16=-114/494, 9-17=-20/120, 8-17=-20/120
WEBS 3-11=-765/283, 5-11=-273/1363, 5-9=-870/255, 6-9=-201/1194, 6-8=-1253/210

- NOTES (13)
- Unbalanced roof live loads have been considered for this design.
 - Wind: ASCE 7-05; 100mph; h=30ft; TCDL=6.0psf; BCDL=6.0psf; Category II; Exp B; enclosed; MWFRS gable end zone and C-C Exterior(2) zone; cantilever left and right exposed; Lumber DOL=1.60 plate grip DOL=1.60. This truss is designed for C-C for members and forces, and for MWFRS for reactions specified.
 - TCLL: ASCE 7-05; P=30.0 psf (roof live load: Lumber DOL=1.15 Plate DOL=1.15); Pg=30.0 psf (ground snow); Pf=23.1 psf (flat roof snow: Lumber DOL=1.15 Plate DOL=1.15); Category II; Exp B; Partially Exp.; Ct=1.1, Lu=50-0-0
 - Unbalanced snow loads have been considered for this design.
 - This truss has been designed for greater of min roof live load of 16.0 psf or 2.00 times flat roof load of 23.1 psf on overhangs non-concurrent with other live loads.
 - Provide adequate drainage to prevent water ponding.
 - This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
 - * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members.
 - Refer to girder(s) for truss to truss connections.
 - Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 80 lb uplift at joint 2 and 189 lb uplift at joint 8.
 - This truss is designed in accordance with the 2006 International Residential Code sections R502.11.1 and R802.10.2 and referenced standard ANSI/TPI 1.

Continued on page 2

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WARNING - Verify design parameters and READ NOTES ON THIS AND INCLUDED MITEK REFERENCE PAGE MUI-7473 BEFORE USE.

Design valid for use only with Mitek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, D58-89 and BCS11 Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.



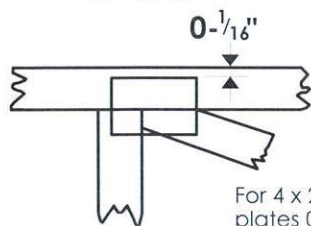
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14515 N. Outer Forty, Suite #300
Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



Center plate on joint unless x, y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and fully embed teeth.



For 4 x 2 orientation, locate plates 0-1/16" from outside edge of truss.



This symbol indicates the required direction of slots in connector plates.

*Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the plate width measured perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING LOCATION



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



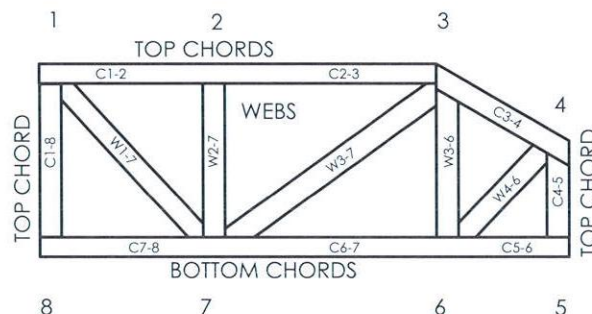
Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Industry Standards:

- ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
DSB-89: Design Standard for Bracing.
*BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System

6-4-8 dimensions shown in ft-in-sixteenths (Drawings not to scale)



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

PRODUCT CODE APPROVALS

ICC-ES Reports:

ESR-1311, ESR-1352, ER-5243, ESR-1988, 95-43, 96-31, 9667A
NER-487, NER-561
95110, 84-32, 96-67, ER-3907, 9432A

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MiTek Engineering Reference Sheet: MII-7473

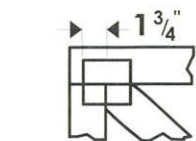
General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

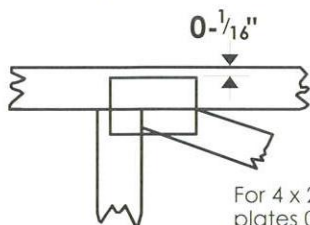
1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Truss bracing must be designed by an engineer. For wide truss spacing, individual lateral braces themselves may require bracing, or alternative T, I, or Eliminator bracing should be considered.
3. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
4. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
5. Cut members to bear tightly against each other.
6. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI 1.
7. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI 1.
8. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
9. Unless expressly noted, this design is not applicable for use with fire retardant, preservative treated, or green lumber.
10. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
11. Plate type, size, orientation and location dimensions indicated are minimum plating requirements.
12. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
13. Top chords must be sheathed or purlins provided at spacing indicated on design.
14. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
15. Connections not shown are the responsibility of others.
16. Do not cut or alter truss member or plate without prior approval of an engineer.
17. Install and load vertically unless indicated otherwise.
18. Use of green or treated lumber may pose unacceptable environmental, health or performance risks. Consult with project engineer before use.
19. Review all portions of this design (front, back, words and pictures) before use. Reviewing pictures alone is not sufficient.
20. Design assumes manufacture in accordance with ANSI/TPI 1 Quality Criteria.

Symbols

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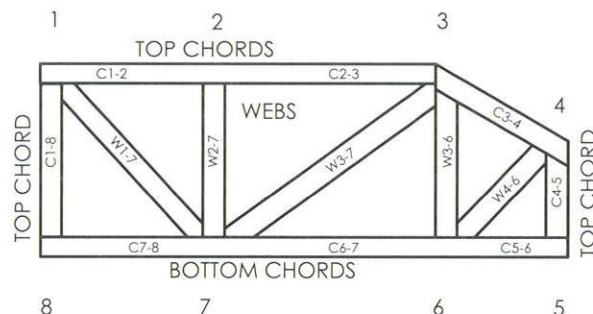
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19. Review all portions of this design (front, back, words and pictures) before use. Reviewing pictures alone is not sufficient.
20. Design assumes manufacture in accordance with ANSI/TPI 1 Quality Criteria.

Job#	Truss	Truss Type	Qty	Ply	RD/Hamptons@Herbertsville lot 4.08	I13265085
E7080150	T1H6	COMMON	1	1	Job Reference (optional)	

U.S. Components LLC - A Pro-Build Company, Moorestown, NJ 08057

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NOTES (13)

- 12) Warning: Additional permanent and stability bracing for truss system (not part of this component design) is always required.
- 13) Warning: Additional permanent and stability bracing for truss system (not part of this component design) is always required. The design of this bracing system is the responsibility of the building designer.

LOAD CASE(S) Standard

1) Snow: Lumber Increase=1.15, Plate Increase=1.15

Uniform Loads (plf)

Vert: 1-5=-66, 5-6=-66, 6-7=-66, 2-15=-20, 10-15=-60, 10-16=-60, 8-16=-20

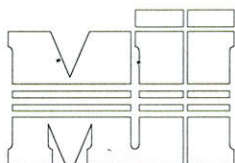


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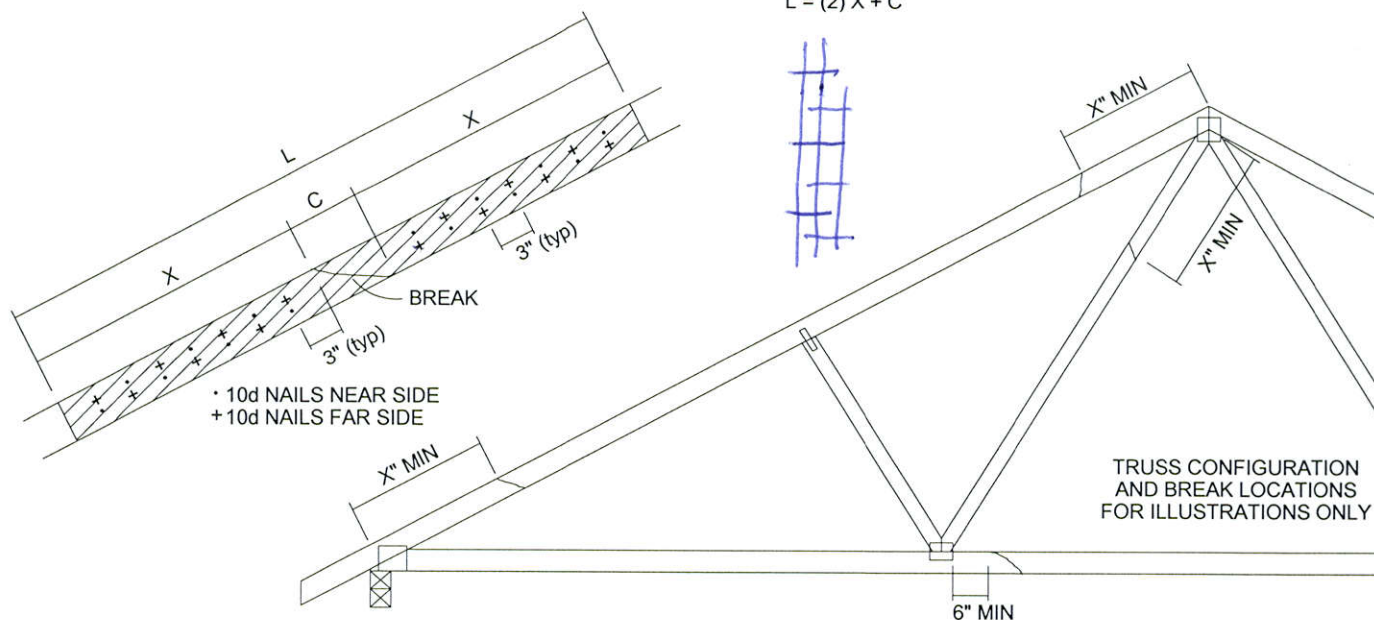
TOTAL NUMBER OF NAILS EACH SIDE OF BREAK *		X INCHES	MAXIMUM FORCE (lbs) 15% LOAD DURATION							
			SYP		DF		SPF		HF	
2x4	2x6		2x4	2x6	2x4	2x6	2x4	2x6	2x4	2x6
14	21	24"	1626	2439	1497	2246	1272	1908	1288	1932
18	27	30"	2091	3136	1925	2888	1635	2453	1656	2484
22	33	36"	2555	3832	2353	3529	1999	2998	2024	3036
26	39	42"	3020	4530	2781	4171	2362	3543	2392	3588
30	45	48"	3485	5227	3209	4812	2726	4088	2760	4140

* DIVIDE EQUALLY FRONT AND BACK

ATTACH 2x SCAB OF THE SAME SIZE AND GRADE AS THE BROKEN MEMBER TO EACH FACE OF THE TRUSS
(CENTER ON BREAK OR SPLICE) W/CONSTRUCTION QUALITY ADHESIVE AND 10d NAILS
(TWO ROWS FOR 2x4, THREE ROWS FOR 2x6) SPACED 3"oc STAGGERED AS SHOWN (.131"dia. x 3")

THE LENGTH OF THE BREAK (C) SHALL NOT EXCEED 12". (C=PLATE LENGTH FOR SPLICE REPAIRS)
THE MINIMUM OVERALL SCAB LENGTH REQUIRED (L) IS CALCULATED AS FOLLOWS:

$$L = (2) X + C$$



THE LOCATION OF THE BREAK MUST BE GREATER THAN OR EQUAL TO THE REQUIRED X DIMENSION FROM ANY PERIMETER BREAK OR HEEL JOINT AND A MINIMUM OF 6" FROM ANY INTERIOR JOINT (SEE SKETCH ABOVE)

DO NOT USE REPAIR FOR JOINT SPLICES

NOTES:

1. THIS REPAIR DETAIL IS TO BE USED ONLY FOR THE APPLICATION SHOWN. THIS REPAIR DOES NOT IMPLY THAT THE REMAINING PORTION OF THE TRUSS IS UNDAMAGED. THE ENTIRE TRUSS SHALL BE INSPECTED TO VERIFY THAT NO FURTHER REPAIRS ARE REQUIRED. WHEN THE REQUIRED REPAIRS ARE PROPERLY APPLIED, THE TRUSS WILL BE CAPABLE OF SUPPORTING THE LOADS INDICATED.
2. ALL MEMBERS MUST BE RETURNED TO THEIR ORIGINAL POSITIONS BEFORE APPLYING REPAIR AND HELD IN PLACE DURING APPLICATION OF REPAIR.
3. THE END DISTANCE, EDGE DISTANCE AND SPACING OF NAILS SHALL BE SUCH AS TO AVOID UNUSUAL SPLITTING OF THE WOOD.
4. WHEN NAILING THE SCABS, THE USE OF A BACKUP WEIGHT IS RECOMMENDED TO AVOID LOOSENING OF THE CONNECTOR PLATES AT THE JOINTS OR SPLICES.
5. THIS REPAIR IS TO BE USED FOR SINGLE PLY TRUSSES IN THE 2x ORIENTATION ONLY.
6. THIS REPAIR IS LIMITED TO TRUSSES WITH NO MORE THAN THREE BROKEN MEMBERS.

December 27, 2007

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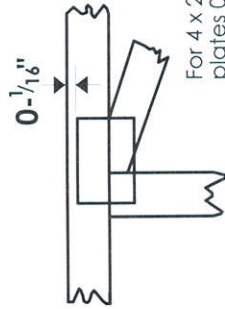


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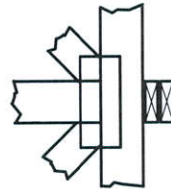
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Numbering System

6-4-8
dimensions shown in ft-in-sixteenths
(Drawings not to scale)

