BLOCK 1421.08 LOT 4.08 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-2916

CONSTRUCTION PERMIT APPLICATION C08-004562

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

I. IDENTIFICATION

1. Proposed Work Site at: 720 MAIDENSTONE DR. BRICK
2. Name of Owner in Fee: HAMPTONS @ HERBERTSVILLE LLC
   Tel. (732) 458-1465 e-mail _____
   Address 21 E. FRONT ST. STE 200 (street) REDBANK (municipality) NJ. (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HOME SYSTEMS OF N.J. Tel. (732) 928-1221
   Address 436 W. COMMODORE BLVD e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun GREGG DOBRZYNSKI
   Tel. (732) 890-1255 FAX: (732) 458-1463

Called 9/24/08 GR

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 41		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ 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 ☐ 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)

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									
☒ Electrical	600				9-24-08	WV	9-29-08		
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
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 _____ 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/29/2008
Control Number C-08-004562
Permit Number 08-2916
Permit Issue Date 9/25/2008
Certificate Number 08-2916

Certificate

Construction Code Division

(Certificate of Approval)

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) 458-1465

Contractor HOME SYSTEMS OF NEW JERSEY INC

Address 436 W COMMODORE BLVD #7 JACKSON NJ 08527-

Telephone: 732/928-1221 Fax: 732/928-6671

License Number or Builders Registration Number: Federal Emp. Number: 22-3262978

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: ALARM SYSTEM (BURGLAR OR FIRE), COMMUNICATION POINTS

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: $0.00
Check Number:
Collected By:

Date Printed: 9/29/2008 U.C.C. F260 (rev. 08/05)

low voltage update

ELECTRICAL SUBCODE
TECHNICAL SECTION

HH#108

Date Received 08-2916
Control #
Date Issued 9-25-08
Permit # ~~012643~~

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

Block 14.21.08 Lot 4.08 Qualification Code
Work Site Location 720 Maidenstone Drive Brick, NJ 08724
Owner in Fee: Hamptons @ Herbertsville LLC
Tel. (732) 458-1465 e-mail
Address 21 East Front Street (street) Red Bank (municipality) NJ 07701 (zip code)
Contractor: Home Systems of NJ Inc Tel. (732) 928-1221
Address 436 W. Commodore Blvd Ste 7 Jackson e-mail
Contractor License No. 34BA00150300 Exp. Date 8/31/07
Federal Employee No. 223 262 978 FAX: (732) 928-6671

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as dwelling Utility Co.
Est. Cost of Elec. Work $ 600 -

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
1		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	pr	Speakers	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 92408
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 92408
Approved by: WM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9/26/08	BB
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other BASEMENT FINAL ELEC SRW			9/26/08	BB OVER
Service				
Final OVER	9/26/08	BB	9/26/08	BB OVER
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

HOME SYSTEMS of NEW JERSEY Inc.

436 W. Commodore Blvd Ste #7
Jackson NJ 08527 732.928.1221
Fax - 732.928.6671

Date: 09/26/2008
Time: 08:55
Number of Pages: 2

FAX COVER PAGE

To: Mr. Paul Grosko

Company:

Fax Number: 732-262-8954

From:

Company: Home Systems of NJ, Inc.

For Info, Please Call: (732) 928-1221

Comments:

PLEASE SEE ATTACHED JOB DATA SHEET FOR 720 MAIDENSTONE DRIVE. THE ROUGH INSTALLATION WAS PERFORMED ON APRIL 28+29 2008. THE FINISH WAS PERFORMED ON OCTOBER 12 THRU THE 27. ANY FURTHER ASSISTANCE I CAN PROVIDE PLEASE FEEL FREE TO CALL.

PLEASE CALL IF YOU NEED TO DISCUSS >> 732-620-6287

GLENN R EVANS

Sincerely,

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 _____

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 Home System of New Jersey Inc.

Address PO 135

Jackson NJ 08527

Telephone (732) 928 1221

Signature _____

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

① 9/26/08 RW + PARTIAL ~~ASSESSMENT~~ — RW APPROVED — SEE ATTACHED 07 2643,
" " " 072643+A

② ATTACHED ~~DECCP~~ + ~~REPORTS~~ SHOWS ALARM — RW APPROVED 5/22/08 ON CONDITION UPDATE OR APPROPRIATE PERMIT IS FILED.

① 9/26/08 FINAL APPEARS TO BE INCOMPLETE DUE TO UNTERMINATED ALARM PANEL CIRCUITS, ECT.

② UNABLE TO CONTACT GLENN EVANS 1400 HRS, BUT LEFT MESSAGE RE ABOVE.

9/26/08 FINAL APPROVED.

(E) tech

HOME SYSTEMS

9/26/2008
1.00

Contact

Company	ROBERTSON DOUGLAS GROUP	Address	720 MAIDENSTONE DRIVE	
Contact	HH108	Address 2		
Title		Address 3		
Phone	*Ext.*	City	Brick	
Home Phone		State	NJ	*ZIP Code* 08724
Dear		Fax		

User Fields

START TIME RGH		*PERMIT*		*ONLINE*
STOP TIME RGH		*ROUGH DUE*	4/25/2008	
START TIME TRM		ROUGH SCH	4/28/2008	*MONITORING*
STOP TIME TRM		*TRIM DUE*	8/8/2008	___-___
QC RGH/TRM		TRIM SCH	8/8/2008	

MISC SEC, SW, REMOTE WIRING, 1 PR SPKRS>FIELD PW COMPLETE

BILLED TRIM	8/13/2008	*BILLED RGH*	5/7/2008
RGH DONE			
TRIM DONE	100%dave8/27		

Notes/History *Date Range:* **All Dates**

8/15/08 12:36... ND 2 HW GLASSBREAKS
NEED TO TERMINATE PHONE/LANS (BASEMENT)
TIE IN FRONT HOUSE FEEDS
FINISH ALARM PANEL & TEST

Activities *Date Range:* All Dates

Meeting	Open	4/28/08	8:00 AM	ROUGH PER JASON.FRANKEE
Meeting	Open	4/29/08	8:00 AM	ROUGH PER JASON.FRANKEE
Meeting	Open	4/1/08	9:00 AM	WHAT IS WIRE IN MSTR BED BY SWITCH.MOVE TV TO CORNER IN SUNRM.C JASON
Meeting	Open	8/8/08	7:00 AM	TRIM DUE
Meeting	Open	8/12/08	8:00 AM	TRIM.SEC, SW, REMOTE WIRING, 1 PR SPKRS.dave
Meeting	Open	8/13/08	8:00 AM	TRIM.SEC, SW, REMOTE WIRING, 1 PR SPKRS.dave
Meeting	Cleared	8/27/08	8:00 AM	TRIM.CNOTES.DAVE
Meeting	Open	8/13/08	10:30 AM	TRIM.SEC, SW, REMOTE WIRING, 1 PR SPKRS.FRANK

GLENN EVANS

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00150300
EXPIRES: 8/31/2010
DOB: 9/26/1961

GLENN EVANS

State of New Jersey

FIRE ALARM
LICENSE
34FA00119700
EXPIRES: 8/31/2010
DOB: 9/26/1961

CONSTRUCTION PERMIT

Date Issued 09/25/2008
Control # C-08-004562
Permit # 08-2916

IDENTIFICATION Block: 1421.08 Lot: 4.08 Qualifier
Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ
Owner in Fee HAMPTONS AT HERBERTSVILLE LLC
21 EAST FRONT ST STE 200 RED BANK NJ 07701
Telephone: (732) 458-1465

Contractor HOME SYSTEMS OF NEW JERSEY INC
Address 436 W COMMODORE BLVD #7 JACKSON NJ 08527-
Telephone: 732/928-1221
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3262978

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:
ALARM SYSTEM (BURGLAR OR FIRE), COMMUNICATION POINTS

Note: If constuction 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 $600

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	6432
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
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.