

BLOCK 701 LOT 9.05 QUALIFICATION CODE 0099E ADDRESS (SITE) 109 Celebration Blvd PERMIT NO. 19-0000



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 109 Celebration Blvd
2. Name of Owner in Fee: HEXA LIO JV, LLC
Tel. (732) 539-9385 e-mail JohnV@hexa.builders
Address 2355 Route 33, Suite 2, Robbinsville, NJ 08861
3. Ownership in Fee: Public Private X Municipality Robbinsville, NJ 08861
4. Principal Contractor: HEXA BUILDERS Tel. (732) 539-9385
Address 2355 Route 33, Suite 2, Robbinsville, NJ 08861 e-mail JohnV@hexa.builders
5. Architect or Engineer: Michael Testa, Arch, LLC Contact Michael Testa
Address 701 Tennant Rd, Manalapan, NJ 07760 e-mail mtesta@comparchitects.com
Tel. (732) 972-9177 FAX: (732) 972-9178
6. Responsible Person in Charge once Work has Begun: John Vincenti
Tel. (732) 539-9385 FAX: () - - -

IIa. PROPOSED WORK
☐ Minor Work ☐ Addition ☐ Demolition
☐ Repair ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Rejection	Re-viewer
Building	1/19/19		1/23/19	PS			
Electrical			1/23/19	PS			
Plumbing			1/23/19	PS			
Fire Protection							
Elevator							

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. ☐ LPG Gas Tanks

V. FEE SUMMARY (for office use only)

1. Building	25%	1260
2. Electrical	30%	308
3. Plumbing	60%	604
4. Fire Protection	60%	604
5. Elevator Devices		
6. Subtotal		116
7. Less 20% for State Plan Review		23
8. Subtotal		93
9. State Permit Surcharge Fee		2
10. Subtotal		95
11. Cert. of Occupancy		245
12. Other		245
13. TOTAL		587

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	3	ft.
2. Height of Structure	44'-2"	ft.
3. Area - Largest Floor	502	sq. ft.
4. New Building Area	2,311	sq. ft.
5. Volume of New Structure	28,660	cu. ft.
6. Max. Live Load	40 PSF	
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved		HUD
9. Total Land Area Disturbed	2,000	sq. ft.
10. Flood Hazard Zone	C	
11. Base Flood Elevation	N/A	ft.
12. Wetlands	yes	no X

VII. DESCRIPTION OF BUILDING USE
A. RESIDENTIAL (primary use)
1. State Specific Use: S.F.D.
2. Use Group, Proposed: R-5
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 SB

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(f)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 John Vincenti
Address Hexa Builders
2355 Rt. 33, Suite 2 Robbinsville NJ 08691
Telephone (732) 539-9385
Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 1/24/19
Control # C-19-000155
Permit # 19-0220

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0909
Work Site Location: 109 CELEBRATION BLVD LIBERTY MODEL, NJ Contractor HEX L10 JV
Address 2355 RT 33 STE 2 ROBBINSVILLE NJ 08691
Owner in Fee HEX L10 JV
2355 RT 35 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 539-9385 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 9A (LIBERTY)

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 \$132,450

D. Newman Jr
Construction Official

1/23/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,262
Electrical	\$308
Plumbing	\$608
Fire Protection	\$64
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$116
CO Fee	\$322.00
Other	\$0
Total	\$2,680
Check No.	<u>271</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

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.



PERMIT UPDATE

Date Update Issued 1/24/19
Control # C-19-000155+A
Permit # +A

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0909
Work Site Location: 109 CELEBRATION BLVD LIBERTY MODEL, NJ Contractor HEXA L10 JV
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV
2355 RT 35 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 539-9385 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 9A (LIBERTY) ...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

D. V. Curran Jr.
Construction Official

1/23/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.	<u>241</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

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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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.

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☒ 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.



PERMIT UPDATE

Date Update Issued 1/24/19
Control # C-19-000155+B
Permit # +B

19-0320+B

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0909
Work Site Location: 109 CELEBRATION BLVD LIBERTY MODEL, NJ Contractor HEXA L10 JV
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV
2355 RT 35 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 539-9385 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 9A (LIBERTY) ...UPDATE +B - GAS RANGE & DRYER

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

D. Newman Jr.
Construction Official

1/23/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$112
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$112
Check No.	<u>211</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

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.
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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.



BUILDING SUBCODE TECHNICAL SECTION



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 AD000 C0909

Work Site Location 109 Celebration Boulevard

Brick, NJ 08724

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

Tel. (732) 539-9385 e-mail johnv@hexa.builders

Address 2355 Route 33, Suite 2 Robbinsville, N.J. 08691

Contractor: Hexa Builders street municipality zip code

Address 2355 Route 33, Suite 2 Tel. (732) 539-9385

Robbinsville, N.J. 08691 e-mail johnv@hexa.builders

Contractor License No. or Builder Registration No. 49736 Exp. Date 09/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 821248031 FAX:

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	12-3-19	SS	Type: Footing Bonding
☐ All			Foundation
☐ Footings/Foundations			Slab
☐ Structural/Framework			Frame
☐ Exterior			Truss Sys./Bracing
☐ Interior			Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation
SUBCODE APPROVAL for PERMIT			
Date: 01/23/19			Finishes -Base Layer
Approved by: [Signature]			Finishes -Final
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			Energy
Date:			Mechanical
Approved by:			TCO
			Other
			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed R-5

No. of Stories 3

Height of Structure 44 ft.

Area — Largest Floor 802 sq. ft.

New Bldg. Area/All Floors 2,311 sq. ft.

Volume of New Structure 28,660 cu. ft.

Max. Live Load 40

Max. Occupancy Load

Constr. Class Present N/A Proposed 5-B

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work: 100,000-95,000

1. New Bldg. \$ 5,000 Decks

2. Rehabilitation \$ 100,000

3. Total (1+2) \$

Date Received 1/24/19

Control #

Date Issued 19-0220

Permit #

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: [Signature]

Print name here: John Vincent

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single-Family Townhome Dwelling

40' BASE LAYOUT with the following OPTIONS

Front Building ELEVATION "D"

LIBRARY

TYPE OF WORK:

☒ 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 \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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 909E-0909

Work Site Location 109 Celebration Boulevard
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC e-mail johnv@hexabuilders.com

Tel. (732) 539-9385 Address 2355 Rt 33 Suite 2 Municipality Robbinsville, N.J. zip code 08691

Contractor: Dave's Electric Tel. (609) 361-0236

Address 4000 Long Beach Boulevard e-mail daveselectric_lbi@comcast.

Brant Beach, N.J. 08008 Contractor License No. 5828 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present N/A Proposed R-5

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

Building Occupied as Single Family Utility Co. J.C.P & L.

Est. Cost of Elec. Work \$ 14,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Rough	Barrier-Free	Failure	Approval
[] No Plans Required					Initial
[] Partial -Underslab Utilities Approved					
Date: _____ Approved by: _____					
[] Electric Plans Approved					
Date: <u>1/22/19</u> Approved by: <u>[Signature]</u>					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: <u>1/22/19</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL FOR CERTIFICATE					
[] CO [] CCB [] CA					
Date: _____					
Approved by: _____					

U.C.C. F120 (rev. 11/09) Internet version

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

Date Received
Control #

Date Issued
Permit #

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: Dave Smith

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Single-Family Townhouse Dwelling

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>32</u>		Lighting Fixtures	
<u>54</u>		Receptacles	
<u>32</u>		Switches	
<u>9</u>		Detectors	
		Light Poles	
<u>3</u>		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

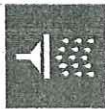
TOTAL NUMBERS

<u>132</u>	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
<u>1</u>	KW Dishwasher
	HP Garbage Disposal
<u>1</u>	KW Central A/C Unit
<u>1</u>	HP/KW Space Heater/Air Handler
	KW Baseboard Heat
	HP Motors 1/+ HP
	KW Transformer/Generator
<u>1</u>	AMP Service
<u>125</u>	AMP Subpanels
	AMP Motor Control Center
	KW Elec. Sign/Outline Light

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



PLUMBING SUBCODE TECHNICAL SECTION



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 00909

Work Site Location 109 Celebration Boulevard
Brick, NJ 08724

Owner in Fee: Hexa L10 JV LLC
Tel. (732) 539-9385 e-mail johnv@hexa.builders

Address 2355 Rt 33, Suite 2 Robbinsville, N.J. 08691
City GTO Mechanical Contractors Municipality Robbinsville, N.J. Zip code 08691

Contractor: GTO Mechanical Contractors Tel. (732) 895-4675
Address 109 Dorset Drive e-mail andy.glornech@gmail.com
Clark, NJ 07066

Contractor License No. 12542 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 824652703 FAX: (732) 661-2069

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 \$ 16,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	Dates (Month/Day)
☐ No Plans Required	Initial
☐ Partial -Underslab Utilities Approved	Failure
Date: _____ Approved by: _____	Approval
☐ Plumbing Plans Approved	
Date: _____ Approved by: _____	
Joint Plan Review Required:	
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	
SUBCODE APPROVAL FOR PERMIT	
Date: <u>1-23-19</u>	
Approved by: <u>[Signature]</u>	
SUBCODE APPROVAL FOR CERTIFICATE	
☐ CO ☐ CCO ☐ CA	
Date: _____	
Approved by: _____	

U.C.C. F130 (rev. 11/09)
Internet version

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

Date Received
Control #
Date Issued
Permit #

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: [Signature]

Print name here: Steven O'Toole

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family Townhome Dwelling

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

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 0099E 0909

Work Site Location 109 Celebration Boulevard

Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

Tel. (732) 539-9385 e-mail johnv@hexa.builders

Address 2355 Rt. 33 Suite 2 Robbinsville, N.J. 08691

Contractor: Dave's Electric Tel. (609) 361-0236

Address 4000 Long Beach Blvd e-mail daveselectric_lbi@comcast.

Brant Beach N.J. 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 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 810716735 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present N/A Proposed R-5 Fuel Storage Tank:

Constr. Class: Present N/A Proposed 5-B Fuel Type: [] Flammable OR [] Combustible

Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing

OR [] Conversion OR [] Replacement Location of Panel:

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:

[] Other Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$ 450

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: Dave Smith

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

DESCRIPTION OF WORK:

Water Supply Source Install Smoke & CO Detec

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[] System

[X] 110v Interconnected

[X] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, waterflow)

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices

TOTAL 9

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

CO₂ 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 \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 ~~XXXX~~ CA99

Work Site Location 109 Celebration Boulevard
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC
Tel. (732) 539-9385 e-mail johnv@hexa.builders

Address 2355 Rt.33 Suite 2 Robbinsville, N.J. 08691
municipality

Contractor: Eastern Shore H.V.A.C. Tel. (732) 240-3866
Address 341 Mantoloking Road e-mail jreasternshore@aol.com

Brick, N.J. 08723

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 19HC00761900
Federal Emp. ID No. 900120199 FAX: (732) 240-3866

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present N/A Proposed R-5
Constr. Class: Present N/A Proposed 5-B

Heating System: ☒ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement
OR ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: Ground Floor

Total Cost of Fire Protection Work \$ 9,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
☐ Partial -Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
☐ Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT					
Date: _____	TCO				
Approved by: _____	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA	Fireplace Venting				
Date: _____	Final				
Approved by: _____	Other				

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 1/24/19
Control #
Date Issued 19-0220 +A
Permit #
C. CERTIFICATION IN LIEU OF OATH
hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here: [Signature]
Print name here: John Homieck
D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Installing H.V.A.C.
Method of Alarm/Suppression/System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
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 ☒ Gas ☐ Oil ☐ Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge \$ _____		
Minimum Fee \$ _____		
State Permit Surcharge Fee \$ _____		
TOTAL FEE \$ _____		



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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 AD99E 00909

Work Site Location 109 Celebration Boulevard
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC
Tel: (732) 539-9385 e-mail johnv@hexa.builders

Address 2355 Rt. 33 Suite 2 Municipality Robbinsville, N.J. 08891

Contractor: GTO Mechanical Contractors Tel. (832) 895-4675

Address 109 Dorset Drive e-mail andy.gtomech@gmail.com
Clark, NJ 07066

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 12544 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 824652703 FAX: (732) 661-2069

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present N/A Proposed R-5 Fuel Storage Tank: _____

Constr. Class: Present N/A Proposed 5-B Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [X] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 250

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: Steven O'Toole

Print name here: Steven O'Toole

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

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[X] 110v Interconnected _____

[X] 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 _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [X] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT					
Date: <u>1/24/19</u>	TCO				
Approved by: <u>SO</u>	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCO [] CA	Fireplace Venting				
Date: _____	Final				
Approved by: _____	Other				

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