

BLOCK 701 LOT 9.05 QUALIFICATION CODE 00905

ADDRESS (SITE) 105 Celebration Blvd

PERMIT NO. 19-0215



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 105 Celebration Blvd
2. Name of Owner in Fee: Hexa L10 JV, LLC
Tel. (732) 539-9385 e-mail John V. Hexa, builders
Address 2355 Route 33, Suite 2, Robbinsville NJ 08691
3. Ownership in Fee: Public Private X
4. Principal Contractor: Hexa Builders Tel. (732) 539-9385
Address 2355 Route 33, Suite 2, Robbinsville NJ 08691
License No. OR, if new home, Builder Reg. No. 49736 Exp. Date 9/30/19
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 82-1748031 FAX: ()
5. Architect or Engineer Michael Testa, Arch, LLC Contact Michael Testa
Address 101 Trenton Rd, Manalapan NJ e-mail mtesta@mtacmt.com
Tel. (732) 972-9177 FAX: (732) 972-9178
6. Responsible Person in Charge once Work has Begun John Vincent
Tel. (732) 539-9385 FAX: ()

IIa. PROPOSED WORK
☐ Minor Work ☒ New Building
☐ Repair ☐ Alteration
☐ 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			1-23-19				
☒ Electrical			1-22-19				
☒ Plumbing			1-23-19				
☒ Fire Protection			1-23-19				
☐ Elevator							

TOTAL COST 144,450

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

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

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
12. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>1068-</u>
2. Electrical	<u>308-</u>
3. Plumbing	<u>603-</u>
4. Fire Protection	<u>64-</u>
5. Elevator Devices	<u>112-</u>
6. Subtotal	
7. Less 20% for State Plan Review	\$ <u>116-</u>
8. Subtotal	
9. State Permit Surcharge Fee	<u>25-</u>
10. Subtotal	
11. Cert. of Occupancy	<u>303-</u>
12. Other	<u>2455-</u>
13. TOTAL	\$ <u>2455-</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>3</u>
2. Height of Structure	<u>44'-2"</u> ft.
3. Area - Largest Floor	<u>802</u> sq. ft.
4. New Building Area	<u>2311</u> sq. ft.
5. Volume of New Structure	<u>28,660</u> cu. ft.
6. Max. Live Load	<u>40 PSF</u>
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	<u>2,000</u> sq. ft.
10. Flood Hazard Zone	<u>C</u>
11. Base Flood Elevation	<u>N/A</u> ft.
12. Wetlands	yes <u>X</u> no

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 1
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 5B Proposed 5B

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

[Handwritten Signature]

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



CONSTRUCTION PERMIT

1/24/19
Date Issued _____
Control # C-19-000152
Permit # 19-0015

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0905
Work Site Location: 105 CELEBRATION BLVD LIBERTY MODEL Brick Contractor HEXA L10 JV
Township, NJ Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV
2355 RT 33 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 \$135,450

Construction Official

Date 1/23/19

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. 269	
Cash	\$0
Credit	\$0
Collected By	

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-19-000152+A
Permit # +A

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0905
Work Site Location: 105 CELEBRATION BLVD LIBERTY MODEL Brick Contractor HEXA L10 JV
Township, NJ Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV
2355 RT 33 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. Neumann, 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 003

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>809</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-19-000152+B
Permit # +B

19-0215+B

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C0905
Work Site Location: 105 CELEBRATION BLVD LIBERTY MODEL Brick Contractor HEX L10 JV
Township, NJ Address 2355 RT 33 STE 2 ROBBINSVILLE NJ 08691
Owner in Fee HEX L10 JV Telephone: (732) 539-9385
2355 RT 33 STE 2 ROBBINSVILLE NJ 08691 Lic. No. or Bldrs. Reg. No. 049736
Telephone: (732) 539-9385 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

Construction Official [Signature]

Date 1/23/19

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	
Other	\$0
Total	\$112
Check No. <u>269</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.



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 A009C

Work Site Location 105 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 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	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required	1-23-19	JS	Type:				
☒ All			Footings				
☐ Footings/Foundations			Foundation Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Frame				
☐ Truss Sys./Bracing			Truss Sys./Bracing				
☐ Barrier-Free			Barrier-Free				
☐ Elev. [] Plumb. [] Fire [] Elevator			Insulation				
☐ Finishes -Base Layer			Finishes -Base Layer				
☐ Finishes -Final			Finishes -Final				
☐ Energy			Energy				
☐ Mechanical			Mechanical				
☐ TCO			TCO				
☐ Other			Other				
☐ Final			Final				
☐ Barrier-Free			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	N/A	Proposed	R-5	Constr. Class	Present	N/A	Proposed	5-B
No. of Stories				3	If Industrialized Building:				
Height of Structure				44 ft.	State Approved			HUD	
Area — Largest Floor				802 sq. ft.	Est. Cost of Bldg. Work:				
New Bldg. Area/All Floors				2,311 sq. ft.	1. New Bldg.			\$ 100,000	
Volume of New Structure				28,660 cu. ft.	2. Rehabilitation			\$ 5,000	
Max. Live Load				40	3. Total (1+2)			\$ 105,000	
Max. Occupancy Load									

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.

Sign here:

Print name here: John Vincenti

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single-Family Townhome Dwelling

40' JR SUITE LAYOUT with the following OPTIONS

Ground Level Powder Room

Ground Level Study

Front Building ELEVATION "F"

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6') Sq. Ft.
- ☐ 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 \$

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

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



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 A009C

Work Site Location 105 Celebration Boulevard
Brick, NJ 08724

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

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

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:	Failure	Approval	Initial	
[] No Plans Required	Rough				
[] Partial - Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: <u>1/22/19</u> Approved by: <u>PJC</u>	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: <u>1/22/19</u>	Final				
Approved by: <u>[Signature]</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding Certification				

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

FEE (Office Use Only)

QTY. SIZE ITEMS

31 Lighting Fixtures

48 Receptacles

35 Switches

9 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

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

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 A009C
Work Site Location 105 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: GTO Mechanical Contractors municipality
Address 109 Dorset Drive Tel. (732) 895-4675
Clark, NJ 07066 e-mail andy.g@mech@gmail.com

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 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		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required		Slab			Initial
☐ Partial - Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Water			
☐ Plumbing Plans Approved		Fixtures			
Date: _____	Approved by: _____	Gas Equipment			
Joint Plan Review Required:		Gas Piping			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		LPGas Tank			
SUBCODE APPROVAL for PERMIT		Fuel Oil Piping			
Date: <u>1-23-19</u>	Approved by: <u>[Signature]</u>	Solar			
SUBCODE APPROVAL for CERTIFICATE		TCO			
☐ CO ☐ CCO ☐ CA		Final			
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 the 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: [Signature]

sign and seal here:

Print name here: Steven O'Toole

☒ Licensed Plumbing Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Single Family Townhome Dwelling

FEE (Office Use Only)
\$ _____

FIXTURE/EQUIPMENT

QTY	FIXTURE/EQUIPMENT
<u>4</u>	Water Closet
<u>1</u>	Urinal/Bidet
<u>4</u>	Bath Tub
<u>1</u>	Lavatory
<u>1</u>	Shower
<u>1</u>	Floor Drain
<u>1</u>	Sink
<u>1</u>	Dishwasher
<u>1</u>	Drinking Fountain
<u>1</u>	Washing Machine
<u>2</u>	Hose Bibb
<u>1</u>	Water Heater
<u>4</u>	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
<u>1</u>	Sewer Connection
<u>1</u>	Water Service Connection
<u>2</u>	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 A009C
Work Site Location 105 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
Constr. Class: Present N/A Proposed 5-B
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fire Suppression/Standpipe System: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other Location of Main Control Valve: _____
Location: _____
Total Cost of Fire Protection Work \$ 450

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

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.

1/24/19
19-0215

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
[] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Water Supply Source Install Smoke & CO Detec
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
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 \$		



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 A009C
Work Site Location 105 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: Eastern Shore H.V.A.C. street municipality Tel. (732) 240-3866
Address 341 Mantoloking Road e-mail ireasternshore@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 Fuel Storage Tank:
Constr. Class: Present N/A Proposed 5-B Fuel Type: ☐ Flammable OR ☐ Combustible Capacity _____
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: ☐ New OR ☐ Existing ☐ Other _____
Location: Ground Floor Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 9,000

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. Mechanical
SUBCODE APPROVAL for PERMIT
Date: 11/24/14
Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

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

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

Update
11/24/14
19-0215+A

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: John Homiek

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

	NUMBER
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	<u>0</u>
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	<u>1</u>
Fireplace Venting/Metal Chimney	_____
Other	_____

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

FEE (Office Use Only)
\$ _____



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 A099C 0905

Work Site Location 105 Celebration Boulevard
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

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

Address 2355 Rt. 33 Suite 2 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) 681-2069

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: ☒ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____

☐ Other Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 250

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: 11/2/19 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: _____ Approved by: _____

☐ CO ☐ CCO ☐ CA

Approved by: _____

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

1/24/19
9-02/15 + B

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.

Applicant/Contractor
sign here: Steven O'Toole

Print name here: Steven O'Toole

D. TECHNICAL SITE DATA ☐ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Install Range & Dryer

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, waterflow)	<u>0</u>	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>0</u>	_____
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	<u>2</u>	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____
Administrative Surcharge \$	_____	_____
Minimum Fee \$	_____	_____
State Permit Surcharge Fee \$	_____	_____
TOTAL FEE \$	_____	_____