

GLORY Proto

19-2304

BLOCK 701 LOT 9.05 QUALIFICATION CODE C2000 ADDRESS (SITE) 100 REVIVAL RD. PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

C-19-002260

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

I. IDENTIFICATION
1. Proposed Work Site at: 100 REVIVAL RD.
2. Name of Owner in Fee: HEXA L10, JV, LLC
3. Ownership in Fee: Public
4. Principal Contractor: Hexa Builders
5. Architect or Engineer: Michael V. Testa Arch.
6. Responsible Person in Charge once Work has Begun: Keyur Patel

V. FEE SUMMARY (for office use only)
Table with 4 columns: Item, Amount, Update, Update. Rows include Building, Electrical, Plumbing, Fire Protection, Elevator Devices, Subtotal, Less 20% for State Plan Review, etc.

VI. BUILDING/SITE CHARACTERISTICS
1. Number of Stories: 3
2. Height of Structure: 4 ft.
3. Area - Largest Floor: 765 sq. ft.
4. New Building Area: 2316 sq. ft.
5. Volume of New Structure: 28660 cu. ft.

IIa. PROPOSED WORK
IIb. SUBCODES
Table with columns: Est. Cost, Plans Rec'd by, Date Rec'd, Rejection Date, Approval Date, Re-viewer, Resubmission Dates, Re-viewer. Rows include Building, Electrical, Plumbing, Fire Protection, Elevator.

VII. DESCRIPTION OF BUILDING USE
A. RESIDENTIAL (primary use)
1. State Specific Use: R5
2. Use Group, Proposed: R5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted

III. PLAN REVIEW (optional)
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. LPGas Tanks
12. Fire Alarm

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 HEXA L10, JV, LLC
Address 2355 RT 33 Suite # 2
Robbinsville, NJ 08691

Telephone (772) 772-5421
Signature Bernie Bon

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



CONSTRUCTION PERMIT

Date Issued 8/30/19
Control # C-19-002260
Permit # 19-2304

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2000
Work Site Location: 100 REVIVAL RD NEW VISIONS- GLORY, NJ Contractor HEXA L10 JV, LLC
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV LLC
2355 RT 33 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 772-5421 Lic. No. or Bldrs. Reg. No. 049736
Federal Employee No. 821248031

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Multi Family Dwelling BLDG 20 (GLORY)

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 \$154,950

D. Neumann
Construction Official

8/29/19
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	\$1,508
Electrical	\$370
Plumbing	\$847
Fire Protection	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$109
CO Fee	\$297.00
Other	\$200
Total	\$3,416
Check No.	<u>352</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 8/30/19
Control # C-19-002260+A
Permit # +A

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2000
Work Site Location: 100 REVIVAL RD NEW VISIONS- GLORY, NJ Contractor HEXA L10 JV, LLC
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV LLC
2355 RT 33 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 772-5421 Lic. No. or Bldrs. Reg. No. 049736
Federal Employee. No. 821248031

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Multi Family Dwelling BLDG 20 (GLORY) ...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

R. Neuman Jr
Construction Official

8/29/19
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	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$85
Check No.	<u>352</u>
Cash	\$0
Credit	\$0
Collected By	<u>155887308</u>

REQUIRED INSPECTIONS

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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.
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- ☒ 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 8/30/19
Control # C-19-002260+B
Permit # +B

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C2000
Work Site Location: 100 REVIVAL RD NEW VISIONS- GLORY, NJ Contractor HEXA L10 JV, LLC
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV LLC
2355 RT 33 STE 2 ROBBINSVILLE NJ 08691 Telephone: (732) 539-9385
Telephone: (732) 772-5421 Lic. No. or Bldrs. Reg. No. 049736
Federal Employee. No. 821248031

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Multi Family Dwelling BLDG 20 (GLORY) ...UPDATE +B - 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. Neumann
Construction Official

8/29/19
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	\$150
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$150
Check No.	<u>352</u>
Cash	\$0
Credit	\$0
Collected By	<u>CW</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.

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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.



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

8/30/19

19-2304

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 C2000
Work Site Location 100 REVIVAL RD.
Brick, NJ 08724
Owner in Fee: Hexa L10 JV, L.L.C.
Tel. (732) 772-5421 e-mail bemba.b@espocon.net
Address 2355 Route 33, Suite 2 Robbinsville, N.J. 08691
Contractor: Hexa Builders Tel. (240) 882-1000
Address 2355 Route 33, Suite 2 e-mail keyur@hexa.builders
Robbinsville, N.J. 08691
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: (732) 862-1123

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: Bemba Balsirow

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single-Family Townhome Dwelling- GLORY 40'
Ground floor bedroom/full bathroom
Elevation "H"

Deck

"Proto Filing"

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>8-8-19</u>	<u>[Signature]</u>	Footings	_____
☐ Footings/Foundations			Footings Bonding	_____
☐ Structural/Framework			Foundation	_____
☐ Exterior			Slab	_____
☐ Interior			Frame	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____
Date: <u>08/08/19</u>			Finishes -Base Layer	_____
Approved by: <u>[Signature]</u>			Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____
☐ CO ☐ CCO ☐ CA			Mechanical	_____
Date: _____			TCO	_____
Approved by: _____			Other	_____
			Final	_____
			Barrier-Free	_____

B. BUILDING CHARACTERISTICS

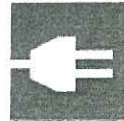
Use Group Present N/A Proposed R-5 Constr. Class Present N/A Proposed 5-A
No. of Stories 3 If Industrialized Building: State Approved _____ HUD _____
Height of Structure 43'-5" ft.
Area — Largest Floor 765 sq. ft.
New Bldg. Area/All Floors 2,316 sq. ft.
Volume of New Structure 28,660 cu. ft.
Max. Live Load 40
Max. Occupancy Load _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 125,000
2. Rehabilitation \$ 1500 deck
3. Total (1+ 2) \$ 126,500



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 C2000

Work Site Location 100 Revival RD.

Owner in Fee: Hexa L10 JV, LLC

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

Address 2355 Rt. 33 Suite 2 Robbinsville 08691

Contractor: RJT Electric Tel. (908) 591-4728

Address 133 Dorset Dr. e-mail rjt electrical.com

Clark, NJ 07066

Contractor License No. 16727 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 270 922 802 FAX: (609) 361-7280

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R5A

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

Building Occupied as single family Utility Co. JCPL

Est. Cost of Elec. Work \$ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-13-19

Approved by: LM

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Dates (Month/Day)

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: Ralph TATANEZ

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Single Family Townhouse Dwelling-PRIDE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
40		Receptacles	
30		Switches	
10		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
108		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	2	KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
1	2	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	125	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



8/30/19

19-2304

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: Raymond Gracia

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family Townhome Dwelling

QTY.
4

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet
Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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.



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 C2000

Work Site Location 100 Revival Rd.
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

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

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

Contractor: RJT Electric municipality Clark, NJ Tel. (609) 361-0236

Address 133 Dorset Dr. e-mail rjtelectric.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. 16 727 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 270 922 807 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present N/A Proposed R-5

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

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 450

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

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: Ralph Talarco

☐ Certified Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Install Smoke & CO Detec

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☒ 110v Interconnected	_____	_____
☒ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>10</u>	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>10</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	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)		INSPECTIONS				Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	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: <u>8/31/19</u> Approved by: <u>[Signature]</u>		Pre-Eng. System	_____	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____	_____
Date: _____ Approved by: <u>[Signature]</u>		Flam/Combust Tanks	_____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	_____	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Final	_____	_____	_____	_____	_____
Date: _____ Approved by: _____		Other	_____	_____	_____	_____	_____

Date Received
Control #

Date Issued
Permit #

8/30/19
19-2304

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 C2000
Work Site Location 100 Revival Rd. - GLORY
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. 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-A

Heating System: ☒ New OR ☐ Modification to Existing

OR ☐ Conversion OR ☐ Replacement

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	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: <u>8/15</u> Approved by: <u>[Signature]</u>		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: <u>8-13-19</u>		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Other	_____	_____	_____	_____
Date: _____						
Approved by: _____						

Update

8/30/19

Date Received
Control # _____

Date Issued
Permit # _____

19-2304 + 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	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<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	_____	_____

Journal

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

8/30/19

Date Issued
Permit #

19-2304 +B

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

Block 701 Lot 9.05 Qualification Code C2000

Work Site Location 100 Revival Rd.-Glory

Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

Tel. (240) 882-1000 e-mail keyur@hexa.builders

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

Contractor: GTO Mechanical Contractors municipality Clark, NJ 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 13004 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

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

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 250

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

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: Raymond Gracia

D. TECHNICAL SITE DATA

☐ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Install Range & Dryer

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	
☒ 110v Interconnected	_____	
☒ CO Detectors/110v	_____	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<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 _____	_____	

Range
dryer

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: 8/28/19 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/28/19

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

8/20/19 emailed
Jeff - Cont.
Jat

Subcode Official Review

Date: Tuesday, August 20, 2019

To: HEXA L10 JV LLC
2355 RT 33 STE 2
ROBBINSVILLE, NJ 08691

RE: Plumbing Subcode
Block: 701 Lot: 9.05 Qual: C2000
100 REVIVAL RD
Permit Number: Control Number: C-19-002260
Last Submit Date: Tuesday, August 13, 2019

Dear HEXA L10 JV LLC,

The following comments were made during the Plan Review process:

#1 Drain Waste Vent line riser diagram NJAC 5:23-2.15(f)iv Plumbing plans should include a riser diagram including pipe sizes. A riser diagram is a single-line diagram that represents how the fixtures and drains are to be connected, vented and the slopes and fittings used in the drain, waist, and vent piping. The diagram should be two-dimensional in a vertical plane but is not required to be scaled for dimensionally accuracy.

Riser diagram submitted from architect does not demonstrate code compliance. Traps on lavatories are below the floor. The connection of the vents are not shown. The water heater has a pan running into the drainage system without a trap primer.

#2 NSPC 5.3.4 Building Traps- Building traps shall not be installed except where required by the administrative authority having jurisdiction.
The riser diagram shows a building/ house trap.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit
8/26/19
Jat