

BLOCK 701 LOT 9.05 QUALIFICATION CODE C1600 ADDRESS (SITE) 200 DISCOVERY Rd PERMIT NO. 19-0550



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 200 DISCOVERY RD VALOR

2. Name of Owner in Fee: HEXA LIO JV, LLC

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

Address 2355 RT. 33, Suite 2 ROBBINSVILLE 08691

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: HEXA BUILDERS Tel. (732) 772-5421

Address 2355 RT. 33, Suite 2 e-mail bemba.b@espocon.net

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. 821248031 FAX: (732) 862-1123

5. Architect or Engineer M.V. TESTA Contact MICHAEL TESTA

Address 701 TENENT RD. MANALAPAN NJ e-mail

Tel. (732) 972-9177 FAX: (732) 972-9178

6. Responsible Person in Charge once Work has Begun BEMBA BALSIRDW

Tel. (732) 772-5421 FAX: (732) 862-1123

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1034-</u>		
2. Electrical	\$ <u>310-</u>		
3. Plumbing	\$ <u>947-</u>		
4. Fire Protection	\$ <u>85-</u>	<u>85-</u>	<u>150-</u>
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>75-</u>		
10. Subtotal	\$ <u>75-</u>		
11. Cert. of Occupancy	\$ <u>217-</u>		
12. Other	\$ <u>300-</u>	<u>85-</u>	<u>150-</u>
13. TOTAL	\$ <u>3051-</u>		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>2</u>	
2. Height of Structure	<u>41'-8"</u> ft.	
3. Area - Largest Floor	<u>594</u> sq. ft.	
4. New Building Area	<u>1832</u> sq. ft.	
5. Volume of New Structure	<u>18,690</u> cu. ft.	
6. Max. Live Load	<u>40</u>	
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	☐ HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes ☐ no ☐	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

TOTAL COST 32700

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>95000</u>	<u>Eng</u>	<u>7/23/19</u>		<u>2-13-19</u>	<u>RE</u>		
<u>12000</u>				<u>2/27/19</u>	<u>RE</u>		
<u>16000</u>				<u>2-28-19</u>	<u>RE</u>		
<u>9700</u>				<u>2/15/19</u>	<u>RE</u>		
	<u>Eng</u>	<u>2/17/19</u>		<u>2/17/19</u>	<u>RE</u>		

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
- 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 54

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. ☐ 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)(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 LIO JV, LLC

Address 2355 Rt 33 Suite 2

Robbinsville, NJ 08691

Telephone (732) 772-5421

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 3/6/19
Control # C-19-000326
Permit # 19-0550

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1600
Work Site Location: 200 DISCOVERY RD VALOR PROTO, 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 16 (VALOR)

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 \$123,450

D. Nauman, Jr.
Construction Official

3/1/19
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	\$1,034
Electrical	\$370
Plumbing	\$947
Fire Protection	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$73
CO Fee	\$267.00
Other	\$200
Total	\$2,976
Check No.	<u>296</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.

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 3/6/19
Control # C-19-000326+A
Permit # +A

19-0550

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1600
Work Site Location: 200 DISCOVERY RD VALOR PROTO, 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 16 (VALOR)...UPDATE +A- 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

Construction Official [Signature]

Date 3/1/19

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	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$85
Check No.	<u>296</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.

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.

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 3/6/19
Control # C-19-000326+B
Permit # +B

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1600
Work Site Location: 200 DISCOVERY RD VALOR PROTO, 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 16 (VALOR)...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

3/1/19
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>296</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.
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 C1600
Work Site Location 200 DISCOVERY 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 Robbinsville, N.J. 08691 Tel. (240) 882-1000 e-mail keyur@hexa.builders

Address 2355 Route 33, Suite 2 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	<u>2-13-19</u>	<u>CS</u>	Footings				
☒ All			Footings/Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
☐ Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL for PERMIT	<u>03/21/19</u>	<u>WAT</u>	Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved by:			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: _____

Height of Structure 44 ft. State Approved _____ HUD _____

Area — Largest Floor 594 sq. ft. Est. Cost of Bldg. Work: 93,000

New Bldg. Area/All Floors 1,832 sq. ft. 1. New Bldg. \$ 95,000

Volume of New Structure 18,690 cu. ft. 2. Rehabilitation \$ 2000

Max. Live Load 40 3. Total (1+2) \$ 95,000

Max. Occupancy Load _____

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: Bemba Balsirow

Print name here: Bemba Balsirow

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single-Family Townhome Dwelling- VALOR

32' BASE LAYOUT with the following:
Ground Level Powder Room Option
Ground Level Recreation Room
Front Building ELEVATION "A"

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 \$ _____

Date Received 3/6/19
Control # _____
Date Issued _____
Permit # 19-0550



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 C1600

Work Site Location 200 DISCOVERY 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: Dave's Electric Tel. (609) 361-0236

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

Brant Beach, NJ 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 Proposed R5A

☐ Pole/Pad # 1 ☐ Temporary ☐ Other

Building Occupied as single family Utility Co. JCP&L

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: 12/19 Approved by: PSR

☒ Electric Plans Approved

Joint Plan Review Required: PSR

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 12/19

Approved by: PSR

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 12/19

Approved by: PSR

INSPECTIONS

PLAN REVIEW

INSPECTIONS

INSPECTIONS

INSPECTIONS

INSPECTIONS

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:

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Single Family Townhouse Dwelling-VALOR

ITEMS

Lighting Fixtures

Receptacles

Switches

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 \$

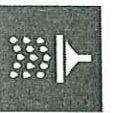
U.C.C. F-120 (rev. 11/09)

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

Internet version



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 C1600
 Work Site Location 200 Discovery Rd. - Valor
 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 Tel. (732) 895-4675

Address 109 Dorset Drive e-mail andy.gtomech@gmail.com

Clark, NJ 07066

Contractor License No. 13004 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 4" Proposed R-5

Building Sewer Size 1" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work \$ 16,000

2015 SUMMARY (Office Use Only)			
PLAN REVIEW	INSPECTIONS	FAILURES	DATES (Month/Day)
1. No Plans Required	TYPE	Failure	Approval
2. Partial Plans/As-Built Unites Approved	Slab		
3. Approved by _____	Rough		
4. Plumbing Plans Approved	Water		
5. Approved by _____	Sewer		
6. Joint Plan Review Required	Fixtures		
7. Approved by _____	Gas Equipment		
8. SUBCODE APPROVAL FOR PERMIT	Gas Piping		
9. Approved by _____	LP Gas Tank		
10. SUBCODE APPROVAL FOR CERTIFICATE	Fuel Oil Piping		
11. Approved by _____	Soil		
12. Approved by _____	TOC		
13. Approved by _____	Final		

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

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

Date Received
 Control #
 Date Issued
 Permit #
3/6/19
19-0550



FIRE PROTECTION SUBCODE TECHNICAL SECTION



18305924
SA

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 C1600
Work Site Location 200 Discovery Rd. - VALOR
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 Municipality 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-A 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: _____
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)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

☐ No Plans Required Type: _____ Failure _____ Approval _____ Initial _____

☐ Partial - Underslab Utilities Approved Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

☐ Fire Protection Plans Approved Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: Pre-Eng. System _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev. Mechanical _____

SUBCODE APPROVAL for PERMIT Smoke Control _____

Date: 2/25/15 TCO _____

Approved by: [Signature] Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE Fireplace Venting _____

☐ CO ☐ CCO ☐ CA Final _____

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 ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Water Supply Source Install Smoke & CO Detec

Method of Alarm/Suppression System Supervision Valor

Flammable/Combustible Tanks _____

Alarm Systems ☐ System _____

☒ 110v Interconnected _____

☒ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, 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 _____

Date Received
Control #

Date Issued
Permit #

3/6/19
19-0550

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 C1600

Work Site Location 200 Discovery Rd. - Valor
Brick, NJ 08724

Owner in Fee: Hexa L10 JV, LLC

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

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

Contractor: Eastern Shore H.V.A. C. municipality Robbinsville, N.J. 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 Fuel Storage Tank:
Constr. Class: Present N/A Proposed 5-A 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: _____
Fire Suppression/Standpipe System: _____

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____ Location of Main Control Valve: _____

Location: Ground Floor
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.
SUBCODE APPROVAL for PERMIT

Date: 2/25/19
Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____
Other _____

INSPECTIONS

Type: _____ Dates (Month/Day) _____
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 _____

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

DESCRIPTION OF WORK: _____

Water Supply Source Installing H.V.A.C.

Method of Alarm/Suppression System Supervision Valor

Flammable/Combustible Tanks

Alarm Systems
☐ System
☐ 110v Interconnected
☐ CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices _____

Other Devices _____

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 _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Date Received 3/6/19
Control # _____
Date Issued 19-0550 +A
Permit # _____

☒ Certified Contractor ☐ Exempt Applicant

NUMBER _____ FEE (Office Use Only) \$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Received *3/6/19*
Control #
Date Issued
Permit # *19-05567B*

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 C1600

Work Site Location 200 Discovery Rd. - Valor
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 Robbinsville 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 Fuel Storage Tank:
Constr. Class: Present N/A Proposed 5-A 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
☐ Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 250

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	
☐ No Plans Required	Type	Failure	Approval
☐ Partial Understood Utilities Approved	Alarm System		
☐ Partial Understood Utilities Approved	Suppression Sys		
☐ Fire Protection Plans Approved	Standpipe		
Date: _____ Approved by: _____	Fire Pump		
Don't Plan Review Required	Pre-Eng. System		
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Mech.	Mechanical		
SUBCODE APPROVAL FOR PERMIT	Smoke Control		
Date: _____	TCO		
Approved by: <i>AS</i>	Flame/Combust. Tanks		
SUBCODE APPROVAL FOR CERTIFICATE	Fireplace Venting		
☐ CO ☐ LCO ☐ CA	Final		
Date: _____	Other		
Approved by: _____			

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: *Raymond Gracia*

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

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., horns/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 ☒ Gas ☐ Oil ☐ Solid _____

Administrative Surcharge \$ _____	<i>Valor</i>
Minimum Fee \$ _____	
State Permit Surcharge Fee \$ _____	
TOTAL FEE \$ _____	