

"VALOR"

BLOCK 701 LOT 9.05 QUALIFICATION CODE C1608 ADDRESS (SITE) 208 DISCOVERY RD PERMIT NO. 19-0821



CONSTRUCTION PERMIT APPLICATION

C-19-000354

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

I. IDENTIFICATION

1. Proposed Work Site at: 208 Discovery Rd. (NEW VISIONS)

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

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

Address 2355 Rt. 33, Suite 2 Robbinsville 08691

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Hexa Builders Tel. (240) 882-1000

Address 2355 Rt. 33 Suite 2 e-mail keyur@hexa.builders

Robbinsville, NJ 08691

License No. OR, if new home, Builder Reg. No. 49736 Exp. Date 9/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 821248031 FAX: (732) 862-1123

5. Architect or Engineer JVENGINEERING Contact John V

Address 706 TALL OAKS DR. BRICK NJ e-mail jvengineering@aol.com

Tel. (732) 539-9385 FAX: (732) 206-0701

6. Responsible Person in Charge once Work has Begun KEYUR Patel

Tel. (240) 882-1000 FAX: (732) 862-1123

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$ <u>126-</u>		
2. Electrical	\$ <u>278-</u>		
3. Plumbing	\$ <u>178-</u>		
4. Fire Protection	\$ <u>64-</u>	<u>64-</u>	<u>112-</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>261-</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>2243-</u>	<u>64-</u>	<u>112-</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 3

2. Height of Structure 41'-8" ft.

3. Area — Largest Floor 594 sq. ft.

4. New Building Area 1832 sq. ft.

5. Volume of New Structure 18690 cu. ft.

6. Max. Live Load 40

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 ☐

(office use only)

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	<u>9500</u>	<u>SP</u>	<u>1/23/19</u>		<u>2-22-19</u>	<u>JS</u>			
☒ Electrical	<u>12000</u>				<u>3/22/19</u>	<u>PSC</u>			
☒ Plumbing	<u>16000</u>				<u>3-21-19</u>	<u>JS</u>			
☒ Fire Protection	<u>9700</u>				<u>3-20-19</u>	<u>JS</u>			
☐ Elevator									
TOTAL COST		<u>132,700</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 5A

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 LHO 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 4/8/19
Control # C-19-000354
Permit # 19-0821

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1608
Work Site Location: 208 DISCOVERY RD VALOR MODEL 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. Neuman Jr
Construction Official

3/22/19
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	\$776
Electrical	\$278
Plumbing	\$710
Fire Protection	\$64
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$73
CO Fee	\$267.00
Other	\$0
Total	\$2,168
Check No.	
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 4/8/19
Control # C-19-000354+A
Permit # +A

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1608
Work Site Location: 208 DISCOVERY RD VALOR MODEL NJ Contractor HEXA L10 JV, LLC
Address 2355 Route 33, Suite 2 Robbinsville NJ 08691
Owner in Fee HEXA L10 JV, LLC Telephone: (732) 539-9385
2355 RT 33 STE 2 ROBBINSVILLE NJ 08691 Lic. No. or Bldrs. Reg. No. 049736
Telephone: (732) 772-5421 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)...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. Neuman, Jr.
Construction Official

3/22/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$64
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$64
Check No.	<u>318</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

4/8/19
Date Update Issued
Control # C-19-000354+B
Permit # +B
19-0821-B

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1608
Work Site Location: 208 DISCOVERY RD VALOR MODEL 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) 772-5421 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 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

Construction Official

Date 3/22/19

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.	
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.



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 C1608
 Work Site Location 208 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 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☒ All	<u>2-22-19</u>	<u>JS</u>	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			Finishes -Base Layer				
Date: <u>03/19/19</u>			Finishes -Final				
Approved by: <u>JS</u>			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
 Height of Structure 44 ft.
 Area — Largest Floor 594 sq. ft.
 New Bldg. Area/All Floors 1,832 sq. ft.
 Volume of New Structure 18,690 cu. ft.
 Max. Live Load 40
 Max. Occupancy Load _____

If Industrialized Building:
 State Approved _____ HUD _____
 Est. Cost of Bldg. Work: 93000
 1. New Bldg. \$ 95,000
 2. Rehabilitation \$ 2000 - deck
 3. Total (1+ 2) \$ 95,000

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

Date Received
 Control #

Date Issued
 Permit #

4/8/19
19-0821

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or 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:

Option 1
 Ground Level Powder Room Option
 Ground Level Recreation Room
 Front Building ELEVATION "E"

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)

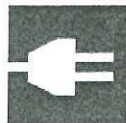
\$ _____

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

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



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 C1608
Work Site Location 208 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 # _____ [] 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: 3/24/19 Approved by: AS NOTED

[x] Electric Plans Approved AS NOTED

Date: 3/24/19 Approved by: RE

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 3/24/19

Approved by: [Signature]

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
New Single Family Townhouse Dwelling-VALOR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
<u>1</u>	<u>2</u>	KW Dishwasher	
		HP Garbage Disposal	
<u>1</u>	<u>3</u>	KW Central A/C Unit	
<u>1</u>	<u>2</u>	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
<u>1</u>	<u>125</u>	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



Date Received
Control #

4/8/19

Date Issued
Permit #

19-0821

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 C1608
Work Site Location 208 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 N/A Proposed R-5
Building Sewer Size 4" Public Sewer ☒ Private Septic
Water Service Size 1" Public Water ☒ Private Well
Est. Cost of Plumbing Work \$ 16,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
		Type	Failure	Failure	Approval Initial
[] No Plans Required					
[] Partial Under-slab Utilities Approved					
Date	Approved by:	Slab			
[] Plumbing Plans Approved		Rough			
Date	Approved by:	Water			
Joint Plan Review Required		Sewer			
[] Mech [] Elec [] Fire [] Elev		Fixtures			
SUBCODE APPROVAL FOR PERMIT		Gas Equipment			
Date	Approved by:	Gas Piping			
SUBCODE APPROVAL FOR CERTIFICATE		LP Gas Tank			
[] CO [] ECO [] CA		Fuel Oil Piping			
Date	Approved by:	Solar			
		TCO			
		Final			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: 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)
<u>4</u>	Water Closet	\$
<u>2</u>	Urinal/Bidet	
<u>2</u>	Bath Tub	
<u>5</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	
	LP Gas 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	
<u>1</u>	Other <u>a/c</u>	

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 C1608

Work Site Location 208 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 Robbinsville, N.J. 08691

Contractor: Dave's Electric municipality Brant Beach 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-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: Dave Smith

D. TECHNICAL SITE DATA

☐ Certified Contractor

☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Install Smoke & CO Detec

Method of Alarm/Suppression System Supervision Valor

	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: _____ Approved by: _____	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: _____		



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 C1608

Work Site Location 208 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: 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

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: _____

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: 3/21/19

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 _____

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: [Signature]

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 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., tampers, low/high air)

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

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

4/8/19

Date Issued
Permit #

19-0821 TB

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 C1608

Work Site Location 208 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

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 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., tampers, low/high air) _____

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

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

NUMBER

FEE (Office Use Only)

\$ _____

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 _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date _____ Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Dates (Month/Day)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____