

"PRIDE"

BLOCK 701 LOT 9.05 QUALIFICATION CODE C1610 ADDRESS (SITE) 210 DISCOVERY RD. PERMIT NO. 19-0822



CONSTRUCTION PERMIT APPLICATION

C-19-000358

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

I. IDENTIFICATION

1. Proposed Work Site at: 210 DISCOVERY RD. - NEW VISIONS

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. (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. 8212-48031 FAX: (732) 862-1123

5. Architect or Engineer JVENGINEERING Contact John V.

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

Tel. (732) 539-1385 FAX: (732) 206-6701

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>1013-</u>		
2. Electrical	\$ <u>278-</u>		
3. Plumbing	\$ <u>712-</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>91-</u>		
10. Subtotal	\$ <u>25-</u>		
11. Cert. of Occupancy	\$ <u>298-</u>		
12. Other			
13. TOTAL	\$ <u>2535-</u>	<u>64-</u>	<u>112-</u>

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 3

2. Height of Structure 4'-8" ft.

3. Area - Largest Floor 737 sq. ft.

4. New Building Area 2087 sq. ft.

5. Volume of New Structure 25,020 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 ☐

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>105000</u>	<u>JS</u>	<u>1/23/19</u>		<u>2-22-19</u>	<u>JS</u>			
☒ Electrical	<u>12000</u>				<u>3/22/19</u>	<u>PC</u>			
☒ Plumbing	<u>16000</u>				<u>3-21-19</u>	<u>PC</u>			
☒ Fire Protection	<u>9700</u>				<u>3/22/19</u>	<u>PC</u>			
☐ Elevator									
TOTAL COST		<u>\$142,700</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

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 40 JV, LLC
Address 2355 RT. 33 SUITE 2
Robbinsville NJ 08691
Telephone (732) 772-5421
Signature Bernard

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-19-000358
Permit # 19-0822

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1610
Work Site Location: 210 DISCOVERY RD PRIDE 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 (PRIDE)

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 \$133,450

Construction Official

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	\$1,013
Electrical	\$278
Plumbing	\$710
Fire Protection	\$64
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$97
CO Fee	\$298.00
Other	\$0
Total	\$2,460
Check No.	<u>320</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 4/2/19
Control # C-19-000358+A
Permit # +A

19-0822

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1610
Work Site Location: 210 DISCOVERY RD PRIDE 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 (PRIDE)...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 3/30/19

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	\$64
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$64
Check No.	<u>380</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.
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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.

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- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PERMIT UPDATE

Date Update Issued 4/8/19
Control # C-19-000358+B
Permit # +B

19-0822

IDENTIFICATION Block: 701 Lot: 9.05 Qualifier C1610
Work Site Location: 210 DISCOVERY RD PRIDE 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 (PRIDE)...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. Neuman Jr.
Construction Official

3/30/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$112
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$112
Check No.	<u>320</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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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



Date Received
Control #

4/8/19

Date Issued
Permit #

19-0822

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 C1610

Work Site Location 210 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)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>2-22-19</u>	<u>SP</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>03/19/19</u>			Finishes -Base Layer	
Approved by: <u>Ken</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

Height of Structure 44 ft.

Area — Largest Floor 737 sq. ft.

New Bldg. Area/All Floors 2,087 sq. ft.

Volume of New Structure 25,020 cu. ft.

Max. Live Load 40

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work: 103,000

1. New Bldg. \$ 105,000

2. Rehabilitation \$ 2,000 *decks per Bemba*

3. Total (1+ 2) \$ 105,000

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- PRIDE

36' BASE LAYOUT with the following:

OPTION 1

Ground Level Powder Room Option

Ground Level Recreation Room

Front Building ELEVATION "F"

Bldg. 16

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 701 Lot 9.05 Qualification Code C1610

Work Site Location 210 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: _____ Approved by: _____

[✓] Electric Plans Approved AS NOTED

Date: 3/22/19 Approved by: PC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 3/22/19

Approved by: PC

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 Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Single Family Townhouse Dwelling-PRIDE

QTY	SIZE	ITEMS	FEE (Office Use Only)
<u>25</u>		Lighting Fixtures	
<u>40</u>		Receptacles	
<u>28</u>		Switches	
<u>810</u>		Detectors	
<u>2</u>		Light Poles	
<u>2</u>		Motors—Fract. HP	
<u>2</u>		Emergency & Exit Lights	
<u>2</u>		Communications Points	
<u>108</u>		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 \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

4/8/19 0

Date Issued
Permit #

19-0822

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 C1610

Work Site Location 210 Discovery Rd. - PRIDE

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 Robbinsville 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 Pride

	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: _____		

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Gas Update

Date Received
Control #

4/8/19

Date Issued
Permit #

19-0822 + A

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 C1610

Work Site Location 210 Discovery Rd. - Pride
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: _____

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 _____

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)

\$ _____

0

1

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☐ 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: _____					

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 #

19-0822 +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 C1610

Work Site Location 210 Discovery Rd.- PRIDE
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 Brick Tel. (832) 895-4675 zip code 08691

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: _____

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: _____

Total Cost of Fire Protection Work \$ 250

JOB SUMMARY (Office Use Only)		INSPECTIONS				Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Alarm System					
☐ Partial Underlab 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		TCC					
Date: _____ Approved by: _____		Flammable/Combustible Tanks					
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting					
☐ CO ☐ CCO ☐ CA		Final					
Date: _____ Approved by: _____		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:

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 Pride

	NUMBER
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	_____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____