State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

PETER VERNIERO
Attorney General

MARK S. HERR
Director

Mailing Address:
P.O. Box 45006
Newark NJ 07101
(201) 504-6410

June 13, 1997

TO WHOM IT MAY CONCERN

Our records indicate that **Andrew Meulendyke**
License and Business Permit No. **13022A** has applied to the Board for a seal press which has not yet been issued to him by the vendor.

Please accept this letter as an interim device pending the furnishing of a seal to **Mid-State Heating & Cooling Inc.**
247 Bridge Avenue
Red Bank, NJ 07701

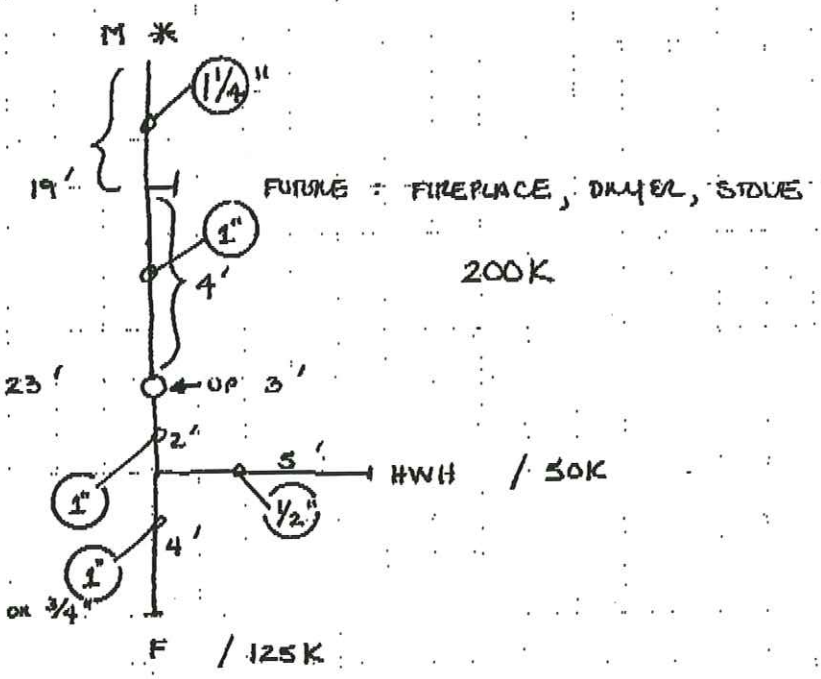
This letter should be rendered invalid 140 days after the date of its issuance.

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

Christine T. DeGregorio, Executive Director

CTDeG:lm

NEIL / 86 WOODBINE, LITTLE SILVER



BOROUGH OF RED BANK
DEPARTMENT OF CODE ENFORCEMENT
SUBCODE PLAN REVIEW APPROVAL

BUILDING _____ DATE _____
PLUMBING 7-28-97 DATE _____
ELECTRICAL _____ DATE _____
FIRE _____ DATE _____

Township of Little Silver

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 22 Lot 10
Work Site Location 360 Woodbine Avenue
Little Silver, NJ 07739
Owner in Fee Laurine O'Neill
Address 360 Woodbine Avenue
Little Silver, NJ 07739
Tele. [redacted]
Contractor Mid-State Heating + Cooling
Address P.O. Box 5187
Red Bank, NJ 07701
Tele. (908) 842-7199
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2420659 or Social Security No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding Condenser + Coil
Conversion from oil → Gas
Install Gas Furnace + hot water heater
Clean + Fill 550 Gallon Oil Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work: 6547.00
1. New Bldg. $ _____
2. Alteration $ 6,000
3. Total (1+2) $ _____

Administrative Surcharge $ 8
Paid [ ] Check # _____ Minimum Fee $ 100
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy

Date Issued 8/11/97
Control # C26/12
Permit # 97-0345

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 26 Lot 12

Work Site Location 36 WOODBINE AVENUE
HVAC
Owner in Fee O'NEIL, LAURINE
Address SAME
LITTLE SILVER, NJ 07739-
Telephone [redacted]

Contractor MID-STATE HEATING & COOLING
Address 247 BRIDGE AVE.
RED BANK, NJ 07701-
Telephone (908)842-7192
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-2420659
or Social Security No.

is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[X] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 6,547

Stanley J. Sickelcow
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	45
Plumbing	45
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	6
Cert. of Occ.	2
Other	
Total	133
Check No.	2240
Cash	
Collected By:	DD

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/17/97
Date Issued 8/11/97
Control # C26912
Permit # 97-0345

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

Block 26 Lot 12

Work Site Location 36 WOODBINE AVENUE
HVAC

Owner in Fee O'NEIL, LAURINE

Address SAME
LITTLE SILVER, NJ 07739-

Tel [redacted]

Contractor MID-STATE HEATING & COOLING

Address 247 BRIDGE AVE.
RED BANK, NJ 07701-

Tele (908)842-2199

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2630659
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-4 Proposed R-4

Construction Class Present Proposed

Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:

Total Est Cost of Fire Prot. Work $ 6,547 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CU [ ] CCO [X] CE
Date: 10-4-00
Approved By:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical	7-6-00		9/11/00	
UCO				
Other				
Other				
Other				

NO EMERG. SHUT-OFF

C. VERIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity 0 Fuel
Combustible Liquid Storage Tanks ( ) Capacity 0 Fuel
L.P.G. Storage Tanks ( ) Capacity 0 Fuel
L.N.G. Storage Tanks ( ) Capacity 0 Fuel

	Number	Fee (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	1	35
Other		0
Other		0

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 35
DCA Training Fee $ 4

Paid [ ] Check # 2230
Collected by:

U.C.C. Form F-130M

Township of [redacted]
Little Silver

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # Adding Condenser + Coil, Oil → Gas Conversion, Install Gas Furnace + Water Heater

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

Block _____ Lot _____
Work Site Location 36 Woodbine Avenue, Little Silver, NJ 07739
Owner in Fee Laurine O'Neil
Address 36 Woodbine Avenue Little Silver, NJ 07739
Tele. [redacted]
Contractor Mid-State Heating + Cooling / Andy Meulendyke
Address P.O. Box 8151 Red Bank, NJ 07701
Tele. (908) 842-7199
Lic. No. 13622 A
Federal Emp. No. 22-2420659 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ Base 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Andrew Meulendyke
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	4.5 Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	_____	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-1208

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Township of Little Silver

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Adding Condenser + Coil, Conversion oil → Gas, Install Gas Furnace + Water Heater

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

Block _____ Lot _____
Work Site Location 36 Woodbine Avenue Little Silver, NJ 07739
Owner in Fee Laurine O'Neill
Address 36 Woodbine Avenue Little Silver, NJ 07739
Tele. [redacted]
Contractor Mid-State Heating + Cooling Plumbing Division
Address P.O Box 5157 Red Bank, NJ 07701
Tele. (908) 842-7199
Lic. No. 1424
Federal Emp. No. 22-2420654 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-20-07
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

Signature—Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Township of Little Silver

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Adding Condenser + Coil, Conversion from oil → Gas
Install Gas Furnace + Hot Water Heater
Clean + Fill 550 Gallon oil Tank

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

Block _____ Lot _____
Work Site Location 36 Woodbine Avenue
Little Silver, NJ 07739
Owner in Fee Laurine O'Neil
Address 36 Woodbine Ave
Little Silver, NJ 07739
Tele. [redacted]
Contractor Mia-Stadt Heating + Cooling
Address P.O. Box 5187
Red Bank, NJ 07701
Tele. (908) 842-7199
Lic. No. _____
Federal Emp. No. 22-2426059 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 6547.00 [ ] Other _____
Total Job Cost

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Tracy Allocca
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER _____		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Date Issued 8/13/97
Control # C26/128
Permit # 97-0398

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 26 Lot 12

Work Site Location 38 WOODBINE AVENUE
TANK ABANDONMENT
Owner in Fee O'NEIL, LAURINE
Address SAME
LITTLE SILVER, NJ 07739-
Telephone [redacted]

Contractor MID-STATE HEATING & COOLING
Address 247 BRIDGE AVE.
RED BANK, NJ 07701-
Telephone (908)842-7199
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 22-2420659
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
ABANDON 550 GALLON UNDERGROUND STORAGE TANK (HEATING OIL)

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 $ 1,000

Stanley J. Nicholson
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building 100
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA Training Fee 0
Cert. of Occ. 0
Other _____
Total 100
Check No. 26235
Cash _____
Collected By Laurie Ann Nicholson