

Date Received	Date Issued	Control #	Permit #

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 $\rightarrow$ Gas
Install Gas Furnace + hot water heater
Clean + Fill 550 Gallon Oil Tank

TYPE OF WORK:

FEE
(Office Use Only)

2. New Building

1 Addition

Alteration

1 Roofed
1 Full

1 J. Hoelling

Guiding

[] Fence.

[] Sign _____

[] Pool

[] Asbe

[] Other

☐ Other _____

Demolition

Administrative Surcharge

Paid [] Check # _____ Minimum Fee _____

Collected by: _____
DCA TRAINING FEE _____

TOTAL FEE

B. BUILDING CHARACTERISTICS

[illegible]

Constr. Class

No. of Stories	Proposed
1	1
2	2
3	3
4	4
5	5
6	6
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92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Height of Structure

Height of structure _____

Area / parent Element _____

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Est. Cost of Bldg. Work: 6547.00

1. New Bldg. \$

2. Alteration

3. Total (1 + 2) \$

Date Received 07/17/07
Date Issued 8/13/97
Control # C2612A
Permit # 94-0398

TECHNICAL SUPPORT

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANG-
ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-300-272-1000

C. CERTIFICATION FILED OF DATA

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

2013

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

ABANDON 550 GALLON UNDERGROUND STORAGE TANK (HEATING OIL)

2025 Summary (office use only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Approval Initial
☐ All			Footing	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Insulation	
Joint Plan Review Required:				
☐ Elect	☐ Plumb	☐ Fire	Finishes	
ISSUANCE APPROVAL			Energy	
☐ Elev			Mechanical	
☐ En	☐ CCG	☐ CA	TCO	
Date:			Other	
Approved By:			Final	

TYPE OF WORK		FEE (Office Use Only)
☐ New Building		\$ 0
☐ Addition		0
☐ Alteration		0
☐ Roofing		
☐ Siding		
☐ Fence	0	Height (6' or over)
☐ Sign	0	Sq. ft.
☐ Pool		
☐ Asbestos Abatement		
☐ Other		
☐ Other		
☒ Demolition		100

CONCLUDING CHARACTERISTICS

Est. Cost of Bid. Work =

Est. Cost of Bldg. Work:	
1. New Bldg.	\$ 0
2. Alteration	\$ 1,000
3. Total (1+2)	\$ 1,000

Administrative Surcharge

Paid ☐ Check # _____

Collected by: _____

Industrialized building:

State Approved
HUD

U. S. DEPT. OF JUSTICE



**PLUMBING
SUBCODE**

TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

Township of Little Silver
Adding Condenser & Coil, Conversion oil → Gas, Install Gas Furnace & Water Heater

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

Job Location 300 Woodbine Avenue Lot 07739
 Address Little Silver, NJ 07739
 Owner in Fee Hourine Onell
 Address 300 Woodbine Avenue
 Address Little Silver, NJ 07739
 Telephone [REDACTED]
 Contractor Mid-State Heating & Cooling Plumbing Division
 Address P.O. Box 8181
 Address Red Bank, NJ 07701
 Telephone (908) 842-7199
 License No. 1424 or Social Security No. _____
 Federal Emp. No. 22-2420654

3. 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: 9-25-97
 Approved by: [Signature]
SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
 Approved By: _____
 Date: _____

INSPECTIONS	Dates (Month/Day)		
Type:	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	

Paid ☐ Check # _____ Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 Collected by: _____ TOTAL \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #

Permit #
Adding Condenser + Coil, Conversion from oil to Gas
+ install Gas furnace + Hot Water Heater
+ install 500 Gallon oil Tank
D. TECHNICAL SITE DATA

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

Location _____ 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
Contractor Mia State Heating + Cooling
Address P.O. Box 8189
Red Bank, NJ 07701
Phone (908) 842-7199
Federal Emp. No. 29-2420059 or Social Security No. _____

FIRE PROTECTION CHARACTERISTICS

Fire Group Present _____ Proposed _____
Construction 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 [] Plans Required
Joint Plan Review Required: [] Bldg. [] Plumb. [] Elec. [] Elevator [] Fire Plans Approved
Type: [] No Plans Required [] Plans Required
Suppression Test [] Fire Alarm Test [] Smoke Test [] Mechanical [] TCO [] Other
Approved by: _____
SUBCODE APPROVAL: [] CO [] CCO [] CA
Approved by: _____

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
and am authorized to make this application _____
Signature: Tracy Allen
SIGNATURE

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	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

Paid [] Check # _____

Collected by: _____

U.C.C. Form F-140B

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

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 8/13/97
Control # 0261129
Permit # 97-0398

IDENTIFICATION Block 26 Lot 12
Work Site Location 36 WOODBINE AVENUE
TANK ABANDONMENT
Owner in Fee O'NEIL, LAURINE
Address SAME
LYNNE SILVER, NJ 07732-
Telephone [REDACTED]

Contractor MID-STATE HEATING & COOLING
Address 247 BRIDGE AVE.
RED BANK, NJ 07701-
Telephone (201) 842-7192
Lic. No. or Elders. Reg. No. Exp. Date / /
Federal Emp. No. 22-2420652
or Social Security No.

I hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

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

(RE: If construction does not commence within one (1) year of date of issuance,
if construction ceases for a period of six (6) months, this permit is void.)

Estimated Cost of Work \$ 1,000

PAYMENTS (Office Use Only)
Building 100
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Ucc. 0
Other
Total 100
Check No. 000000
Cash
Collected By: [Signature]

[Signature]
CONSTRUCTION OFFICIAL

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 8/11/87
Control # 026112
Permit # 97-0345

IDENTIFICATION Block 26 Lot 12
Work Site Location 36 WOODBINE AVENUE
HVAC
Owner in Fee O'NEIL, LAWRENCE
Address SAME
LAUREL SILVER, NJ 07132-
Telephone [REDACTED]

Contractor MID-STATE HEATING & COOLING
Address 247 BRIDGE AVE.
RED BANK, NJ 07701
Telephone (202) 842-7129
Lic. No. or Bldgs. Reg. No. Exp. Date / /
Federal Emp. No. 22-2420652
or Social Security No.

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

DESCRIPTION OF WORK

NOTE: If construction does not commence within one (1) year of date of issuance,
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 6,547

PAYMENTS (Office Use Only)
Building 0
Electrical 25
Plumbing 45
Fire Protection 35
Elevator Devices 0
Other
PCA Training Fee 5
Cert. of Occ. 0
Other

Total 135
Check No. 22307
Cash
Collected by: [Signature]

Stanley S. Sickett (aw)
CONSTRUCTION OFFICIAL

Date Received 07/17/72
Date Tested 8/11/72
Control # 21622
Permit # 99-0386

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

Black Star Lineation & Subduction Beneath

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ATLANTIC, N. 0709

CONCRETE MIXTURES BEATING A CHALLENGE

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Luzon

[illegible]

THE UNIVERSITY OF CHICAGO

[illegible]

7-600

Other

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(copy only) the I am (page 1) name of.

[illegible]

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
C.P.R. Storage Tanks
C.M.R. Storage Tanks

STAND PIPES
 KITCHEN HOOD EXHAUST SYSTEMS
 PREFABRICATED SYSTEMS
 NO2 SUPPRESSION
 WATER SUPPRESSION
 FUMES SUPPRESSION
 DRY CHEMICAL
 WET CHEMICAL

State or District	Other	Other
-------------------	-------	-------

PAID () CHECK #	0000	ADMINISTRATIVE SURCHARGE
COLLECTED BY		MINIMUM FEE
		TOTAL FEE
		50% TRAINING FEE

[illegible]

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

Project Location 36 Woodbine Avenue
Little Silver, NJ 07739
Owner in Fee Lawrence O'Neil
Address 36 Woodbine Avenue
Little Silver, NJ 07739
Contractor Mid-State Heating & Cooling / Andy Meulendyke
Address P.O. Box 8187
Red Bank NJ 07701
e. (908) 842-7619
No. 13022A
Federal Emp. No. 22-2420659 or Social Security No. _____

ELECTRICAL CHARACTERISTICS

Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Utility Co. _____
Cost of Elec. Work \$ 800

JOB SUMMARY (Office Use Only)

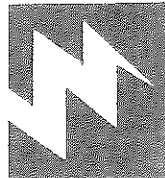
PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Approval Initial
Joint Plan Review Required:	Rough	
[] Bldg. [] Plumb.	Temporary	
[] Fire [] Elevator	Constr. Serv.	
[] Elec. Plans Approved	TCO	
Other:	Other	
Approved by: _____	Service	
	Final	
	Temp. Cut-in-Card Date Issued _____	
	Final Cut-in-Card Date Issued _____	
SUBCODE APPROVAL		
[] CO [] CCO [] CA		
Date: _____		
Approved By: _____		

CERTIFICATION IN LIEU OF OATH

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

Andrew Meulendyke
Signature—Contractor Seal

I, Licensed Electrical Contractor [] I, Eventual Applicant



Date Received
Date Issued
Control #
Permit #

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

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	_____
_____	_____	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	_____

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