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 _____ Lot 12

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

Address P.O Box 8157
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 Type:	Dates (Month/Day) 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.

Est. Cost of Bldg. Work: 6547.00
1. New Bldg. $ _____
2. Alteration $ 4,000
3. Total (1+2) $ _____

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ 0
Minimum Fee $ 100.
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/17/07
Date Issued 8/13/97
Control # C26/12A
Permit # 97-0398

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
TANK ABANDONMENT
Owner in Fee O'NEIL, LAURINE
Address SAME
LITTLE SILVER, NJ 07739-
Tele [redacted]
Contractor MID-STATE HEATING & COOLING
Address 247 BRIDGE AVE.
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

ABANDON 550 GALLON UNDERGROUND STORAGE TANK (HEATING OIL)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] 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	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[X] Demolition	100

G. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 100
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108

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 Maurine O'Neill

Address 36 Woodbine Avenue
Little Silver, NJ 07739

Tele. ([redacted])

Contractor Mid-State Heating + Cooling Plumbing Division

Address P.O Box 8157
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: 9-28-07
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

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 Mid-State Heating + Cooling
Address P.O. Box 5187
Red Bank, NJ 07701
Tele. (908) 842-7199
Lic. No. _____
Federal Emp. No. 22-2420659 or Social Security No. _____

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

CERTIFICATION IN LIEU OF OATH

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

Tracey Allen
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 # C26/12A
Permit # 97-0398

UCC NEW JERSEY
CONSTRUCTION
PERMIT

ENTIFICATION Block 26 Lot 12

rk Site Location 36 WOODBINE AVENUE
TANK ABANDONMENT
ner in Fee O'NEIL, LAURINE
dress SAME
LITTLE SILVER, NJ 07739-
lephone [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. _____

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

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

TE: 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.

timated Cost of Work $ 1,000

Stanley Lieberman
CONSTRUCTING 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. 20235
Cash _____
Collected By Dawn Whitehouse

Date Issued 8/11/17
Control # 026/12
Permit # 17-0395

UCC NEW JERSEY
CONSTRUCTION PERMIT

ENTIFICATION Block 26 Lot 12

rk Site Location 36 WOODBINE AVENUE
HVAC
ner in Fee O'NEIL, LAURINE
dress SAME
LITTLE SILVER, NJ 07739-
lephone [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.

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

SCRIPTION OF WORK:

IE: 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.

timated 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.	0
Other	
Total	131
Check No.	2280
Cash	
Collected By:	

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/17/97
Date Issued 8/11/97
Control # C26712
Permit # 97-0345

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

Block 20 Lot 10

Work Site Location 36 WOODLINE AVENUE
HVAC

Owner in Fee O'NEIL, GEORGE

Address SAME
LITTLE SILVER, NJ 07739-

Tele. [redacted]

Contractor MID-STATE HEATING & COOLING

Address 241 BRIDGE AVE.
RED BANK, NJ 07701-

Tele.(908)842-7199

Lic. No. or Elect. Reg. No.

Federal Emp. No. 22-2a29652
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Construction Class Present Proposed

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

Total Est Cost of Fire Prot. Work $ 6,842 [ ] 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
[ ] CO [ ] DCO [X] CA
Date: 10-4-00
Approved By:

INSPECTIONS	Dates (Month/Day)		
Type	Failure	Failure	Approval Initial
Suppr Test			
F-Alarm Tst			
Smoke Test			
Mechanical 7-6000		9/11/00	
FCO			
Other			
Other			
Other			

NO EMERG. SHUT-OFF

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

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	55
Other		0
Other		0

Administrative Surcharge	$	0
Paid [ ] Check # 2230	Minimum Fee $	0
Collected by: CAJ	TOTAL FEE $	55
	DCA Training Fee $	1

N.C.C. Form F-1400

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

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

ock _____ Lot _____

ork Site Location 36 Woodbine Avenue, Little Silver, NJ 07739

wner in Fee Laurine O'Neil

dress 36 Woodbine Avenue Little Silver, NJ 07739

e. [redacted]

ntractor Mid-State Heating + Cooling / Andy Meulendyke

dress P.O. Box 8157 Red Bank, NJ 07701

e. (908) 842-7199

. No. 13622A

deral Emp. No. 22-2420659 or Social Security No. _____

ELECTRICAL CHARACTERISTICS

e Group Present _____ Proposed _____

] Pole/Pad # _____ [ ] Temporary [ ] Other _____

lding Occupied as _____ Utility Co. _____

. Cost of Elec. Work $ ~~Bret~~ 800 cc

JOB SUMMARY (Office Use Only)

LAN REVIEW:
] No Plans Required
oint Plan Review Required:
] Bldg. [ ] Plumb.
] Fire [ ] Elevator
] Elec. Plans Approved
ate: _____
pproved by: _____

UBCODE APPROVAL
] CO [ ] CCO [ ] CA
ate: _____
pproved By: _____

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

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

CERTIFICATION IN LIEU OF OATH

ereby certify that I am the (agent of) owner of ord and am authorized to make this application d 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-120B

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