



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



C22-000751

1. Proposed Work Site at: 1736 FDR Rd Pond Rd Brick

2. Name of Owner in Fee: V. NGUYAN

Address same _____ _____

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Garden State AC Tel. (732) 462-7800

Address 819 Route 33 Freehold

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. 81-2978906 FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work Jim Ball

Tel. (732) 462-7800 FAX (_____) _____

Replace furnace

1.	Building	\$	1500		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	\$	1250		
7.	Less 20% for State Plan Review				
8.	Subtotal	\$	800		
9.	DCA Training Fee				
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	28300		

1. Number of Stories _____	
2. Height of Structure _____ ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification _____	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____	
no _____	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

TOTAL COSTS

- ☐ Partial Releases
- ☐ Prototype Processing

[illegible]

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

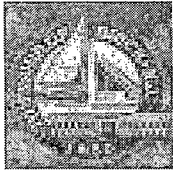
6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

3. Change in Use Group, Indicate Former:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/05/2022
Control Number C-22-000751
Permit Number 22-0762
Permit Issue Date 03/16/2022
Certificate Number 22-0762

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1736 FORGE POND RD. Brick Township, NJ Block: 851 Lot: 12 Qual: _____
Owner in Fee: NGUYEN, VINH QUOC
Owner Address: 1736 FORGE POND ROAD BRICK NJ 08724
Telephone: [REDACTED]
Contractor: GARDEN STATE AIR CONDITIONING
Address: 819 HIGHWAY 33 FREEHOLD NJ 07728
Telephone: (732) 462-7800 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David Newman Jr

Construction Official

Date Printed: 05/05/2022

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 851 Lot 12 Qualification Code _____
Work Site Location 1736 Forge Pond Rd
Brick

Owner in Fee: V. NGUYAN

Tel. _____ e-mail _____

Address 1736 Forge Pond Rd street municipality zip code

Contractor: Garden State Air Conditioning Tel. _____

Address 819 Hwy 33 • Freehold, NJ 07728 e-mail GSAC2@AOL.COM
732-462-7800

Contractor License No. 7095 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 81-2978906 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☒ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
☐ No Plans Required		Type:	Failure	Failure	Approval	Initial
☐ Mechanical Plans Approved		Water Heater	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Piping	_____	_____	_____	_____
☐ Elev.		Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Cooling/AC	_____	_____	_____	_____
Date: _____		Generator	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
☒ CA ☐ CCO		Other _____	_____	_____	_____	_____
Date: <u>4-29-22</u>		Other _____	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____

Date Received
Control #
Date Issued
Permit #

3/16/22
22-0762

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 sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas furnace

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
<u>1</u>	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Date Received
Date Issued
Control #
Permit #

3/16/22
22-0762

Block 851 Lot 12
Work Site Location 1736 Forge Pond Rd
Beck
Owner in Fee/Occupant V. Nguyen
Address Same
Tele. ()
Contractor
Address Garden State Air Conditioning
818 Hwy 33 • Freehold, NJ 07728
Tele. (732-462-7800) Fax ()
Lic. No.
Federal Emp. No. 81-2978806

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 2000.00

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)			
[] No Plans Required				Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:				Rough	_____	_____	_____	_____	
[] Building	[] Plumbing			Temp. Serv.	_____	_____	_____	_____	
[] Fire	[] Elevator			Constr. Serv.	_____	_____	_____	_____	
[] Elec. Plans Approved				TCO	_____	_____	_____	_____	
Date: _____				Other	_____	_____	_____	_____	
Approved by: _____				Service	_____	_____	_____	_____	
				Final	_____	_____	_____	_____	

[] CO [] CCO [X] CA
Date: 4-18-22
Approved by: [Signature]

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's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant

QTY.	SIZE	ITEMS
_____		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
_____	_____	KW Dishwasher
_____	_____	
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light
1	_____	FURNACE
_____	_____	

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

U.C.C. F120
(REV. 3/98)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



CONSTRUCTION PERMIT

Date Issued 3/16/22
Control # C-22-000751
Permit # 22-07102

IDENTIFICATION Block: 851 Lot: 12 Qualifier
Work Site Location: 1736 FORGE POND RD. Brick Township, NJ Contractor GARDEN STATE AIR CONDITIONING
Address 819 HIGHWAY 33 FREEHOLD NJ 07728
Owner in Fee NGUYEN, VINH QUOC
1736 FORGE POND ROAD BRICK NJ 08724 Telephone: (732) 462-7800
Telephone: [REDACTED] Lic. No. or Bids. Reg. No. 7095
Federal Employee No. _____

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:

REPLACEMENT HOT AIR 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 \$4,000

Daniel Newman Jr.
Construction Official

Date 3/17/22

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	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$283
Check No. <u>(21211)</u>	
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.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 851 LOT 12 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 1736 Forge Pond Rd Brick
Owner in Fee V. NGUYAN
Verifying Individual Jim Kall Company Garden State Mc
Address 819 Route 33 Fitchfield NT 07728
Street City State Zip Code
Tel: (202) 462-7800 Fax: () _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

Size _____

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type FURNACE Fuel Type Oil / Gas / Other: _____ BTU Rating (Input/hour) 90,000
Appliance 1: _____
Appliance 2: _____
Appliance 3: _____
Oil / Gas / Other: _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature Jim Gallus

Date 2-23-22

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____

Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

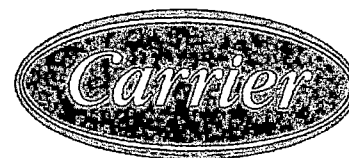
FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

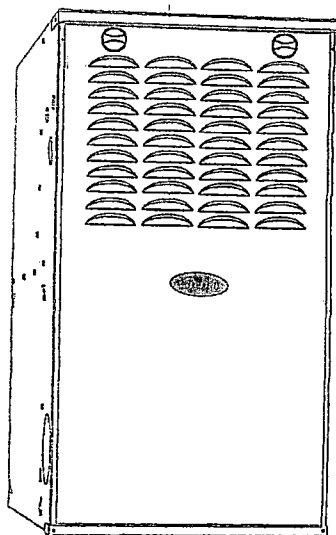
58SB0A/58SB1A

Input Capacities: 45,000 thru 155,000 BTU/h
Comfort 80, Single-Stage Multi-Speed ECM,
Non-Condensing Gas Furnaces



Turn to the experts

Product Data



A190411

THE 58SB0A/58SB1A GAS FURNACE

The 58SB0A/58SB1A Comfort™ Series 4-way Multipoise Gas Furnaces feature Carrier's QuietTech™ noise reduction system for incredibly quiet induced draft operation. Applications are easy with 4-way multipoise design, through-the-furnace downflow venting, 13 different venting options, and designed for easy service access. An inner blower door is provided for tighter sealing in sensitive applications. The 58SB0A/58SB1A furnaces are approved for use with natural or propane gas, and the 58SB1A- Low NOx units are designed for California installations and can be installed in air quality management districts with a 40 ng/J NOx emissions limit.

PERFORMANCE

- Single Stage gas valve
- Fixed-Speeds, Constant Torque (FCT) ECM blower motor
- QuietTech™ noise reduction system
- Microprocessor based control center
- Adjustable heating air temperature rise
- Adjustable cooling airflow
- Enhanced diagnostics with LED and reflective sight glass
- Stores fault codes during power outages
- Power Heat™ Igniter
- Draft safeguard switch designed to ensure proper furnace venting
- Inner door for tighter sealing

INSTALLATION FLEXIBILITY

- 4-way Multipoise furnace, 13 vent applications
- HYBRID HEAT® Dual Fuel System compatible
- All models are chimney friendly when used with accessory vent kit
- Select sizes approved for twinning, refer to accessory kit listing

APPLICATIONS

- Compact design - only 33-1/3 in. (847 mm) tall
- Propane convertible with gas conversion accessory
- Convenient Air Purifier and Humidifier connections

CERTIFICATION

- Cabinet air leakage less than 2.0% at 1.0 in. W.C. and cabinet air leakage less than 1.4% at 0.5 in. W.C. when tested in accordance with ASHRAE standard 193
- Residential installations eligible for consumer financing through the Retail Credit Program



ISO 9001
Quality



Comfort
SERIES



Use of the AHRI Certified™ Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.

A200123

SPECIFICATIONS

Unit Size		045E14-12	045E17-12	070E14-12	070E17-12	070E17-16	070E21-16	090E17-14
RATINGS AND PERFORMANCE								
Input Btuh*	All Standard	44,000	44,000	66,000	66,000	66,000	66,000	88,000
	All Low NOx Upflow							
Nonweatherized ICS	All Low NOx	42,000	42,000	63,000	63,000	63,000	63,000	84,000
	Downflow/Horizontal							
Output Capacity (Btuh)†	All Standard	36,000	35,000	54,000	54,000	54,000	53,000	71,000
	All Low NOx Upflow							
Nonweatherized ICS	All Low NOx	34,000	34,000	51,000	51,000	51,000	51,000	68,000
	Downflow/Horizontal							
AFUE†		80%						
Certified Temperature Rise Range - °F (°C)		30-60 (17-33)	30-60 (17-33)	30-60 (17-33)	35-65 (19-36)	25-55 (14-30)	25-55 (14-30)	40-70 (22-39)
Certified External Static Pressure	Heat/Cool	0.10/0.50	0.10/0.50	0.12/0.50	0.12/0.50	0.12/0.50	0.12/0.50	0.15/0.50
Airflow CFM‡	Heating	710	760	982	985	1175	1305	1203
	Cooling	1080	1215	1005	1005	1515	1545	1210
ELECTRICAL								
Unit Volts-Hertz-Phase		115-60-1						
Operating Voltage Range	Min-Max	104-127						
Maximum Unit Amps		5.6	7.6	5.6	5.6	10.8	10.0	8.3
Unit Ampacity		7.8	10.3	7.8	7.8	14.3	13.3	11.0
Maximum Wire Length (Measure 1 Way in Ft (M))		47 (14.3)	36 (11)	47 (14.3)	47 (14.3)	25 (7.6)	27 (8.2)	33 (10.1)
Minimum Wire Size		14						
Maximum Fuse or Ckt Bkr Size (Amps)**		15						
Transformer (24v)		40va						
External Control	Heating	12va						
Power Available	Cooling	35va						
Air Conditioning Blower Relay		Standard						
Controls								
Heating Blower Control		Solid State Time Operation						
Burners (Monoport)		2	2	3	3	3	3	4
Gas Connection Size		1/2in. NPT						
GAS CONTROLS								
Gas Valve (Redundant)	Mfr	WhiteRodgers						
	Min. inlet pressure (In. W.C.)	4.5 (Natural Gas)						
	Max. inlet pressure (In. W.C.)	13.6 (Natural Gas)						
Ignition Device		Hot Surface						
Factory installed orifice		Size 43						

Direct Drive Motor HP

1/3

1/2

1/3

1/3

3/4

3/4

1/2

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

GARDEN STATE AIR CONDITIONING & HEAT INC
James Gall Jr
819 Hwy 33
Freehold NJ 07728

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/04/2021 TO 03/31/2022
VALID

13VH09177600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED

GARDEN STATE AIR CONDITIONING & HEAT INC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/04/2021 TO 03/31/2022
VALID

SIGNATURE

Mark D'Amico
ACTING DIRECTOR

13VH09177600

License/Registration/Certification #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE