

8-28-99  
cont'd  
and mod.

# Lower Makefield Township

1100 Edgewood Road

Yardley, Pa. 19067

\$5100

PERMIT NO. 96690  
SUBDIVISION Yardley Hunt  
LOT NO. 8

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Application must be completed in accordance with application guideline.

**IMPORTANT** - Applicant to complete all items in sections: I, II, III, IV, VIII, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) <u>930 Rickering Dr</u> (No.) (Street)	ZONING DISTRICT <u>R-2</u>
	SUBDIVISION <u>Yardley Hunt Sect A</u>	PARCEL NO. <u>20-25-155</u>
	LOT NO. <u>8</u>	CORNER LOT? _____

### II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input checked="" type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only		<b>D. PROPOSED USE - For "Wrecking" most recent use</b> <table border="0"> <tr> <td><b>Residential</b></td> <td><b>Nonresidential</b></td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>		<b>Residential</b>	<b>Nonresidential</b>	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
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<b>B. OWNERSHIP</b> 8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)																													

<b>C. COST</b> 10. Cost of improvement..... \$ <u>4,100.00</u> <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT \$ <u>4,100.00</u>		Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____	
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### III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)		<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No		<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors..... <b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms { Full..... } Partial.....	

RECEIVED  
MAY 26 2011  
ZONING PLANNING

STREET 930 Rickering Dr.

BRIEF EXPLANATION OF WORK TO BE DONE AND MATERIALS TO BE USED

\*\* Conformance to PA Building Energy Conservation Act 222 required.

Remove Existing Layers of Roof Shingles  
TAKE AWAY ALL Debris From Job site  
( Debris will be removed properly )

Install water AN ICE shield  
Cover with 30 <sup>1/2</sup> Felt paper  
25 year 240 weight Fiberglass shingles  
Install corvent for proper ventilation  
Along the ridge.

STATE OF PENNSYLVANIA:  
COUNTY OF BUCKS:

Personally appeared before me the subscriber, a Notary Public for the Commonwealth of Pennsylvania, the  
\* applicant above named, who being duly sworn according to law, deposes and says that the facts set forth above are  
true to the best of his knowledge and belief.

Sworn and subscribed to before me this 26<sup>\*</sup> day of August, 1997

Lorraine D. Baker  
Notary Public

My Commission Expires June 10, 2000

NOTARIAL SEAL  
LORRAINE D. BAKER, Notary Public  
Lower Makefield Twp., Bucks County  
My Commission Expires June 10, 2000

8-29-97	De Miller	McClroy	51-	-	26650	RECEIVED BY
DATE	RECEIVED FROM	PROPERTY OWNER	\$ CHECKS	\$ CASH	PERMIT NO.	

**LOWER MAKEFIELD TOWNSHIP**  
 BUILDING DEPARTMENT  
 1100 EDGEWOOD ROAD  
 YARDLEY, PA. 19067  
 (215) 493-3646

BD 14852

↑  
 INVALID  
 WITHOUT  
 SIGNATURE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETAIN THIS RECEIPT  
 FOR YOUR RECORDS**  
 ORIGINAL - APPLICANT  
 DUPLICATE - ATTACHED TO PERMIT

\_\_\_\_\_  
 SIGNATURE

BER MAKEFIELD TOWNSHIP  
1100 EDGEWOOD ROAD  
YARDLEY, PA 19067

FIELD COPY

\$51.00 Bldg. Fee

# BUILDING PERMIT

PERMIT NO. 26650  
COUNTY LICENSE

DATE 8-29 19 97  
APPLICANT L. Miller  
Address 412 Barclay Avenue, Morrisville, Pa 19067

PERMIT TO replace roof  
(TYPE OF IMPROVEMENT)

( ) STORY NO. (PROPOSED USE)  
NUMBER OF DWELLING UNITS

AT (LOCATION) 930 Pickering Avenue, Yardley, Pa 19067  
(No.)

BETWEEN 20-25-155 (CROSS STREET) AND (CROSS STREET) ZONING DISTRICT R-2

SUBDIVISION Yardley Hunt Sect A LOT 8 BLOCK (LOT SIZE)

BUILDING IS TO BE \_\_\_\_\_ FT. WIDE BY \_\_\_\_\_ FT. LONG BY \_\_\_\_\_ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE GC USE GROUP \_\_\_\_\_ BASEMENT WALLS OR FOUNDATION \_\_\_\_\_ (TYPE)

REMARKS: Remove existing roof shingles. Permit to install water and ice shield cover with 20 lb. felt paper for 25 year fiberglass shingles.

AREA OR VOLUME \_\_\_\_\_ (CUBIC/SQUARE FEET) ESTIMATED COST \$ 4,100.00 PERMIT FEE \$ 51.00 bldg

OWNER Daniel J. McElroy  
ADDRESS 930 Pickering Drive, Yardley, Pa 19067  
BUILDING DEPT. BY Nancy R. Frick, ZONING OFFICER

#543



LOWER MAKEFIELD TOWNSHIP  
1100 EDGEWOOD ROAD  
YARDLEY, PA 19067

DEPT FILE COPY

# BUILDING PERMIT

AMOUNT PAID

\$51.00 Bldg. Fee

VALIDATION

APPLICANT Albert L. Miller DATE 8-29 19 77 PERMIT NO. 26650  
(CONTR'S LICENSE)

ADDRESS 412 Barclay Avenue, Morrisville, Pa 19067  
(STREET)

PERMIT TO replace roof (TYPE OF IMPROVEMENT) ( ) STORY ( ) (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) 930 Pickering Drive, Yardley, Pa 19067  
(NO.) (STREET)

ZONING DISTRICT R-2

BETWEEN 20-25-155  
(CROSS STREET)

AND

(CROSS STREET)

SUBDIVISION Yardley Hunt Sect A

LOT 8 BLOCK

LOT SIZE

BUILDING IS TO BE \_\_\_\_\_ FT. WIDE BY \_\_\_\_\_ FT. LONG BY \_\_\_\_\_ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE \_\_\_\_\_ USE GROUP \_\_\_\_\_ BASEMENT WALLS OR FOUNDATION \_\_\_\_\_ (TYPE)

REMARKS: Remove existing roof shingles. Permit to install water and ice shield cover with 30 lb. felt paper for 25 year fiberglass shingles.

AREA OR VOLUME \_\_\_\_\_ (CUBIC/SQUARE FEET) ESTIMATED COST \$ 4,100.00 PERMIT FEE \$ 51.00 bldg

OWNER Daniel J. McElroy  
ADDRESS 930 Pickering Drive, Yardley, Pa 19067  
BUILDING DEPT BY NANCY R. FRICK, ZONING OFFICER

*Nancy R. Frick*

(Affidavit on reverse side of application to be completed by authorized agent of owner)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

SIGNATURE OF AGENT Albert S. Taylor

ADDRESS \_\_\_\_\_ (NUMBER) \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE 18 July 19 19\_\_\_\_.

**PRODUCER**

Sylvester & Keating, Inc.  
 159 Bellevue Ave.  
 P.O. Box 7216  
 Pennndel PA 19047-  
 (215) 757-6988

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
**A** HARLEYSVILLE MUTUAL INSURANCE COMPANY
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

**INSURED**

Miller, Albert L.  
 416 E. Magnolia Drive  
 Morrisville PA 19067-  
 (215) 295-7013

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CB 6A 82 41	09/29/96	09/29/97	GENERAL AGGREGATE \$ 600000 PRODUCTS - COMP/OP AGG \$ 600000 PERSONAL & ADV INJURY \$ 300000 EACH OCCURRENCE \$ 300000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA 6A 82 41	09/29/96	09/29/97	COMBINED SINGLE LIMIT \$ 100000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 6A 82 41	09/29/96	09/29/97	WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 100000 EL DISEASE - POLICY LIMIT \$ 500000 EL DISEASE - EA EMPLOYEE \$ 100000
	<b>OTHER</b>		/ /	/ /	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

IN ACCORDANCE WITH POLICY TERMS AND CONDITIONS

**CERTIFICATE HOLDER**

Lower Makefield Township  
 Attention: Pat  
 1100 Edgewood Road  
 Yardley PA 19067

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes  No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant Albert L. Miller

Federal or State Employer Identification No. 23-2575-223

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

CERTIFICATE TO HAVE LOWER MAKEFIELD TOWNSHIP AS THE CERTIFICATE HOLDER

Name of Workers' Compensation Insurer Harleysville Mutual Ins. Co.

Workers' Compensation Insurance Policy No. WC 60A-8241

Certificate attached

CERTIFICATE TO HAVE LOWER MAKEFIELD TOWNSHIP AS THE CERTIFICATE HOLDER

Policy Expiration Date 9/29/97

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

FEDERAL OR STATE EMPLOYER IDENTIFICATION NO. \_\_\_\_\_

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(See!)

Signature of applicant Albert L. Miller  
Address 412 Barclay Ave  
Morrisville Pa. 19069  
County of Bucks  
Municipality of Morrisville

VIII. TO BE FILLED IN BY APPLICANT

DISTRICT

USE

FRONT YARD

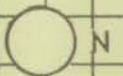
LEFT SIDE YARD (FACING BLDG.)

RIGHT SIDE YARD (FACING BLDG.)

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - *For Applicant Use*



8/27

Daniel J. McElroy

**IV. IDENTIFICATION - To be completed by all applicants**

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee mcelroy	930 Pickering Dr. Yardley Pa.	19067	321 9827
2. Contractor Albert Miller	412 Barclay Ave Morrisville Pa. 19067		Builder's License No. 295 3639
3. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. \*\*

Signature of applicant *	Address	Application date
Albert E. Miller	#19067 412 Barclay Ave Morrisville Pa.	8/26/97

**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING	✓	\$ 51 <sup>00</sup>	8/26/97		8/26/97	RN	2 pm 1993 BOCA
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					

51<sup>00</sup>

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER					OTHER				

**VII. VALIDATION**

Building Permit number _____	<p>no zoning required.          Permit to remove existing roof shingles. Permit to install water/dice shield and wrap 30 lb felt paper.          Approved by: for 25 ft. fiberglass shingles.</p> <p><i>[Signature]</i>          Code Administrator 8/26/97</p>
Building Permit issued _____ 19 _____	
Building Permit Fee \$ _____	
Certificate of Occupancy \$ _____	
Plan Review Fee \$ _____	