

Township of Limerick

646 W. Ridge Pike
Limerick, PA 19468
(610) 495-0951
Fax: (610) 495-0952

Certificate of Occupancy and Compliance

Building Permit # **07-467**

Permission is hereby granted by the Township of Limerick, Pennsylvania, to occupy the building and the premises located at and known as:

260 Masters Dr., Pottstown, PA

Subdivision: Raven's Claw

Block: 005A Unit: 107

Building Code Edition: 2006 IRC

Use: Residential Single Family

Type: 2102

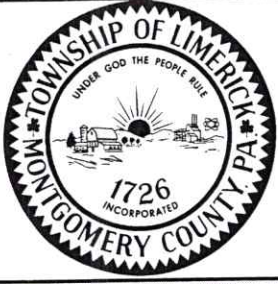
Description of Structure: Residential single family

Owner: DHLP Limerick Golf Community, LP
435 Devon Park Dr. Building 20
Wayne, PA 19087

Authorizes said location for the following use: **Residential Single Family**, in accordance with, and subject to, the provisions of the building codes, public works standards, fire codes, and zoning ordinance.

Bob Bilalac
Building Official

7-25-07
Date



New Construction (Residential)

Department Use Only

Limerick Township

Permit #: 07-467

646 W. Ridge Pike
Limerick, PA 19468

Approved Date: 5/2/2007

Issued By: Bob Bieber

Ph. (610) 495-0951 Fax (610) 495-0952

Job Site Information

Owner Information

Address: 260 Masters Dr.	Name: DHLP Limerick Golf Community, LP
City: Pottstown State: PA	Address: 435 Devon Park Dr. Building 20
Tax Map: Zone:	City/State/Zip: Wayne, PA 19087
Subdivision: Raven's Claw	Telephone: 610-353-6002
Parcel/Block/Unit/Lot: 37000293965/005A/107/107	Lot Size:

Applicant Information

Contractor Information

Name: DHLP Limerick Golf Community, LP	Name: DHLP Limerick Golf Community, LP
Address: 435 Devon Park Dr. Building 20	Address: 435 Devon Park Dr. Building 20
City/State/Zip: Wayne, PA 19087	City/State/Zip: Wayne, PA 19087
Telephone: 610-353-6002	Telephone: 610-353-6002
Construction Type: Land Use:	Use Group: Building Use: Residential Single Family

This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property, not specifically permitted under the building code, must be approved by the jurisdiction. Street or alley grades as well as depth and location of public sewers may be obtained from the Department of Public Works. The issuance of this permit does not release the applicant from the conditions of any applicable subdivision restrictions.

1. All applicable inspections must be called for with a minimum of twenty-four (24) hours notice to the building department.
2. Approved plans must be retained on the job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made.
3. Work shall not proceed until the inspector has approved the various stages of construction.
4. Plumbing/Sewer Permits - A house trap with a fresh air vent and clean out is required on all buildings.
5. Permit will become null and void if construction work is not started within six months of the date the permit is issued, as noted above.

Description of Work:

Project Cost: 156,000.00

Build a new 3299 sq. ft. sfd per plans submitted and Limerick Township building/zoning regulations.

Permit Fees

Description	Work Being Done By	Units	Cost @	Sum
Residential use and occupancy			\$35.00	\$35.00
Electrical Fees		3,700.00	\$0.00	\$84.00
Mechanical Fees		6,000.00	\$0.00	\$130.00
Plumbing Fees		20.00	\$10.00 per 1.00	\$200.00
PA State Training Fee		4.00	\$4.00 per 1.00	\$16.00
New Construction Res.		3,299.00	\$0.35 per 1.00	\$1,154.65

Signature: Amanda Mariani

Date: 5/2/2007

Grand Total: **\$1,619.65**

LIMERICK TOWNSHIP

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

646 West Ridge Pike, Limerick, PA 19468 610-495-6432 FAX 610-495-0852

LOCATION OF BUILDING	ADDRESS <u>260 Masters Drive, Pottstown, PA 19464</u>		
	BETWEEN: <u>West Ridge Pike</u> AND <u>Rupert Rd</u>	ZONING <u>R</u>	
	Number Street Town	Cross Street Cross Street	
SUBDIVISION <u>The Links @ Ravens Claw</u>	LOT <u>107</u>	BLOCK <u>SA</u>	UNIT <u>107</u>

Appeal No.

- | | |
|---|---|
| 01) <input checked="" type="checkbox"/> NEW SINGLE FAMILY DWELLING
02) <input type="checkbox"/> NEW MULT. FAMILY DWELLING
04) <input type="checkbox"/> NEW INSTITUTIONAL BUILDING
05) <input type="checkbox"/> NEW PUBLIC BUILDING

11) <input type="checkbox"/> ADDITION SINGLE FAMILY DWELLING
12) <input type="checkbox"/> ADDITION MULT. FAMILY DWELLING
14) <input type="checkbox"/> ADDITION INSTITUTIONAL BUILDING
15) <input type="checkbox"/> ADDITION PUBLIC BUILDING

21) <input type="checkbox"/> ALTERATION SINGLE FAMILY DWELLING
22) <input type="checkbox"/> ALTERATION MULT. FAMILY DWELLING
24) <input type="checkbox"/> ALTERATION INSTITUTIONAL BUILDING
25) <input type="checkbox"/> ALTERATION PUBLIC BUILDING

31) <input type="checkbox"/> REPAIR SINGLE FAMILY DWELLING
32) <input type="checkbox"/> REPAIR MULT. FAMILY DWELLING
34) <input type="checkbox"/> REPAIR INSTITUTIONAL BUILDING
35) <input type="checkbox"/> REPAIR PUBLIC BUILDING

<input type="checkbox"/> OTHER _____ | 52) <input type="checkbox"/> DEMOLITION
53) <input type="checkbox"/> FIRE REPAIR
54) <input type="checkbox"/> SWIMMING POOL
55) <input type="checkbox"/> TANKS / PUMP
56) <input type="checkbox"/> TENNIS COURT
57) <input type="checkbox"/> SIGN / AWNING
50) <input type="checkbox"/> OTHER (BLDG.) _____

LIMERICK TOWNSHIP
<input type="checkbox"/> TEMPORARY TENT
<input type="checkbox"/> SATELLITE ANTENNA
61) <input type="checkbox"/> H.V.A.C. SYSTEM
62) <input type="checkbox"/> A/C UNIT(S) ONLY
63) <input type="checkbox"/> GAS HEATER
64) <input type="checkbox"/> OIL HEATER
65) <input type="checkbox"/> HEAT PUMP
66) <input type="checkbox"/> CHIMNEY REPAIR |
|---|---|
- 37000293965
- DMLP L.M. Golf
- RECEIVED
APR 09 2007
- AUGUSTA
MODEL

Plan No.

OWNERSHIP	COST	COST	CONTRACTOR'S NAME
81) <input checked="" type="checkbox"/> PRIVATE (IND., INST., CORP.) 82) <input type="checkbox"/> PUBLIC (LOCAL, STATE, FED.)	98) COST OF CONST.		
PROPOSED USE OF PROPERTY	ELECTRICAL		
91) <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 92) <input type="checkbox"/> MULT. FAMILY DWELLING (#Units _____) 93) <input type="checkbox"/> BUSINESS (Type) _____ 94) <input type="checkbox"/> INSTITUTIONAL BUILDING 95) <input type="checkbox"/> OTHER (Type) _____ 96) <input type="checkbox"/> PUBLIC BUILDING	PLUMBING		
	H.V.A.C.		
	99) TOTAL COST	156,000	

FILL OUT SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME <input type="checkbox"/> MASONRY (wall bearing) <input checked="" type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER Specify _____	TYPE OF SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (septic tank, etc.) TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (well, cistern)	DIMENSIONS NUMBER OF STORIES <u>2</u> TOTAL SQ. FT. OF FLOOR AREA ALL FLOORS, BASED ON EXTERIOR DIMENSIONS TOTAL LAND AREA, SQ. FT. <u>32990</u>	1st: <u>1344</u> 2nd: <u>1333</u> Garage <u>445</u> Porch <u>107</u>
PRINCIPAL TYPE OF HEATING FUEL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER Specify _____	TYPE OF MECHANICAL WILL THERE BE CENTRAL AIR CONDITIONING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER OF OFF-STREET PARKING SPACES (Enclosed) OUTDOORS RESIDENTIAL BLDGS. ONLY NUMBER OF BEDROOMS NUMBER OF BATHROOMS Full <u>2</u> Partial <u>1</u>	2 2 4 2.1

Permit No.



LIMERICK TOWNSHIP

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES

(610) 495-6432
FAX (610) 495-0353
FAX (610) 495-0952

POLICE DEPARTMENT

(610) 495-7909
FAX (610) 495-5702

APPLICATION FOR USE AND OCCUPANCY PERMIT
(Section 184.14 and 184.15 of Limerick Township Zoning Ordinance)

Applicant: DHLP Limerick Golf Community LP

Address: 435 Devon Park Drive, Bldg 200
Wynne, PA 19087

Phone: 610-535-6002 FAX: 610-535-6003

Location/Address of property subject to this U & O: 260 Masters Drive, Pottstown, PA 19444
B U

Check: New Construction Change in non-conforming use _____
Addition _____ Change in use _____
Alteration _____ Change in occupancy, non-residential _____

Proposed Use: Single family dwelling

Plot Plan Prepared by: EB Walsh Associates

(Plot plan must show the specific location of the building. If a multi-tenant building, show the exact location within the building, as well as all walls and windows.)

Surveyor/engineer responsible for property line locations and corner pins Dan Daley

(If a residential property, the surveyor/engineer is not required to be registered.)

Name of Property Owner: DHLP Limerick Golf Community LP

Address: Same as above

Phone: _____ FAX: _____

Fee Submitted: \$ 35.00 Check #: _____ Cash: _____

Applicant's Signature Nancy L. Yost Printed Name Nancy L. Yost Date: _____

Name	Mailing Address - Number, Street, City, State, Zip	Tel. No.
1. Property Owner DHL P Limerick Gol Community LP	435 Devon Park Drive, Building 200 Wayne PA 19087	610-535-6002
2. Contractor SAME	"	
3. Architect or Engineer EB Welsh: Assoc.	125 Dowling Forge Road Exton PA 19341	610-903-0060

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. The issuance of this building permit authorizes Building and Planning Department employees the right to enter the property at reasonable hours for the purpose of conducting code inspections. The content of the certificate of workers compensation insurance or affidavit on file with Limerick Township is still in effect with no changes in coverage of employees.

Signature of Applicant <i>Nancy L. Yost</i>	Address 435 Devon Park Drive, Bldg 200 Wayne PA 19087	Application Date 4-4-07
Print Name Nancy L. Yost	Contact Phone #'s 610-535-6002 x254	

DESCRIBE, IN DETAIL, THE WORK TO BE PERFORMED

Construction of a single family detached dwelling

APPROVED BY: <i>Bob Buehler</i>	PERMIT FEE:	DATE ISSUED: 5-2-07	PERMIT #:
USE GROUP:	FIRE GRADING:	LIVE LOADING:	OCCUPANCY LOAD:

August **\$2.00 TRAINING FEE**

PLUMBING PERMIT

DATE _____

LICENSE NUMBER PC04-029 PERMIT NUMBER _____

LOCATION The Links @ Raven's Claw, Lot #107
260 Masters Drive, Pottstown, PA 19424

OWNER DHLP Limerick Golf Community LP

KIND OF BUILDING New construction USED AS Single family

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ 7500

OLD - NEW BUILDING NUMBER _____

TYPE	NUMBER	FEE
STACKS	3	
SINKS	1	
BATHS	2	
WATER CLOSET	3	
LAVATORY	5	
TANK AND HEATER	1	
LAUNDRY TRAY	1	
WATER DISTRIBUTION SYSTEMS		
FLOOR DRAINS		
SEWAGE EJECTOR		
FOUNTAIN (DRINKING)		
SUMP	1	
SHOWERS	1	
URINAL		
CATCH BASIN		
DISHWASHING MACHINE	1	
HUMIDIFIER		
GARBAGE GRINDER		
WASHING MACHINE	1	
SPECIAL WASTES		
RAINWATER LEADERS		
MISCELLANEOUS FIXTURES		
TOTAL FEE		<u>200.00</u>

TREASURER'S VALIDATION OF FEE PAID

20 fixtures
@ \$10/ea

CONTRACTOR'S NAME AND ADDRESS
H.S. Plumbing 5883 Wertz town Rd
 CITY Navron STATE PA ZIP CODE 17555

READY FOR INSPECTION ON _____ (date) OR WILL CONTACT PERMIT CLERK LATER _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Yancy L. Fort
Signature of Contractor or his Representative Making Application

BUS BIGBEE
Signature of Permit Clerk

APPLICANT'S COPY

PRODUCER Phone: (610) 640-4400 Fax: 610-640-5963
HARE, CHASE & HECKMAN, INC.
458 E. KING STREET
MALVERN PA 19355

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
DEWEY COMPANIES, LP
435 DEVON PARK DRIVE, BUILDING 200
WAYNE PA 19087

INSURER A: THE OHIO CASUALTY GROUP

24074

INSURER B: AIG INS.CO.

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED. EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAA53071412	04/20/06	04/20/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC7756158	08/18/05	08/18/06	WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE-EA EMPLOYEE	\$ 500,000
					E.L. DISEASE-POLICY LIMIT	\$ 500,000
	OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
RE: DHLP LIMERICK GOLF COMMUNITY-RAVENS CLAW

CERTIFICATE HOLDER

CANCELLATION

LIMERICK TOWNSHIP
646 WEST RIDGE PIKE
LIMERICK, PA 19468

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

AUTHORIZED REPRESENTATIVE

Spencer P. ...

Attention:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2006

PRODUCER (610)363-7999 FAX (610)363-5231
 Roehrs & Company Inc.
 PO Box 100, 736 Springdale Dr
 Exton, PA 19341-0100
 C.I.S.R., Jennifer McDade

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.

INSURED DHLP-King's Grant, LP
 435 Devon Park Drive
 Building 200
 Wayne, PA 19087

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Granite State Insurance	
INSURER B: National Union	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02LX508275-1/000	04/20/2006	04/20/2007	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000	
				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	29UD5687318-1/000	04/20/2006	04/20/2007	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$ 0
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Builders Risk	02LX508275-1/000	04/20/2006	04/20/2007	\$1,500,000 Any One Dwelling \$3,000,000 Any One Loss \$2,500 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Re: DHLP Limerick Golf Community

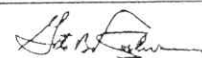
CERTIFICATE HOLDER

CANCELLATION

Limerick Township

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Giles B. Roehrs/JENN



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Spec Title

DISCLOSURE STATEMENT

Address: 260 Maskers Drive, Lot 107, Pottstown, PA B U

This document is for your protection. Read it carefully before signing it. The Code of the Township of Limerick, Chapter 155. Subdivision and Land Development, Article IX, Section 155-41 through Section 155-50 requires that the Sellers of new residential properties, as defined in the Code of Ordinances, provide the purchasers with certain specific information regarding the property to be sold prior to the signing of any Agreement of Sale. This information is intended to benefit the purchaser by clearly delineating the nature of the property in question, and the nature, the location, and presence of certain restrictions or conditions that may affect its use and occupation.

The checklist below is required by the Township to make certain that you have been shown the information required by the Code of Ordinances. It is your obligation to evaluate that information and to consider its impacts and implications relative to your particular situation. The importance of reading and understanding the material presented to you cannot be over stressed. The checklist is not intended to address or identify every circumstance that could arise involving a restriction or use of the property nor is it a comprehensive list of restrictions, ordinances, codes, regulations, or requirements that now exist or may be hereafter adopted, that the property may now or in the future be subject. The use, review, and execution of this checklist should not be in lieu of your own investigation as to the nature of this property. You should be aware that there may be other factors which affect the desirability, suitability, current or future value, and use or occupation of the site that are not referenced or noted herein. You should not rely on the Disclosure Statement as a substitute for your own thorough and complete evaluation of the value, utility, and current and future use of the property.

If you have any questions you would be well advised to seek the assistance of an unbiased professional before signing any Sales Agreement.

RESIDENTIAL DISCLOSURE STATEMENT

The purchasers shall initial each of the following to verify that the information about each of the following was presented and explained fully with regard to your property:

_____ All lot lines within the development.

_____ The current Zoning District in which the property is located. All uses presently permitted within the District in compliance with zoning, including accessory uses, and all Deed restrictions or other restrictions that affect development of the property.

_____ All current dimensional requirements for the principal use on each lot, such as setback requirements, building coverage, impervious coverage, and height limitations.

_____ All current dimensional requirements for accessory uses (such as decks, pools, sheds, garages, fences, etc.) permitted on each lot, such as size, setback requirements, and height limitations.

_____ The location and dimension of all easements throughout the development describing the nature of and facilities within said easement (i.e. street, rights-of-way, sewer, water, storm water, open space, vegetative buffering, etc.), showing which lots are affected by these easements.

_____ The location of all areas within the development and on each lot that are classified as wetlands, wetland buffers, steep slopes, hydric soils, flood plain, flood fringe, and flood way, as well as, encroachment restrictions including, but not limited to, protection of woodlands and mature trees and other consequences affecting the development of the property.

_____ The location of storm water drainage easements and facilities (i.e., easements, drains, catch basins, and retention/detention basins, etc.), and the path of storm water runoff, as well as, the terms and conditions of the property owner's obligations, responsibility and liability.

_____ The existing zoning of land which abuts the property/development and a description of permitted uses and dimensional requirements for each contiguous zoning district.

_____ Public or private common areas, such as parklands, open space, streets, recreation facilities and bikeways.

_____ Membership in a Homeowners Association, if applicable. A copy of the Homeowners Association/Condominium Agreement has been provided.

_____ The date of the zoning and subdivision and land development chapters of the Township's Code of Ordinances the particular plan is being developed under shall be provided to the prospective purchaser. If the property is part of a development that is subject to conditional approvals, stipulations, or other agreements, a copy of all such terms and conditions shall be included in their entirety.

_____ I/We understand that substantial use restrictions may apply to environmentally sensitive areas (i.e., wetlands, wetland buffers, steep slopes, hydric soils, flood plain, flood way, and flood fringe and associated areas protected from encroachment, etc.), and that these restrictions including, but not limited to, woodlands and mature trees will be enforced by the appropriate local, state, and federal agencies. I/We understand that substantial penalties exist for the violation of those restrictions.

_____ I/We are aware that the existing zoning regulations within the Township are subject to change.

I/We are aware that if the site is to be serviced by on-site sanitary sewer collection and disposal that the same is subject to the permits, regulations, and requirements of the Pennsylvania Department of Environmental Protection and the Montgomery County Health Department.

I/We understand that if the site is to be serviced by the municipal sewer collection, conveyance, and treatment facilities that connection thereto must mean compliance with the Code of Ordinances and the regulations adopted pursuant thereto by the local, state, and federal authorities. Further, the cost of connection and of sewer rental (treatment) rates are established by the Board of Supervisors for the Township of Limerick and are subject to change and modification in accordance with law.

I/We are aware that the existing Building Codes within the Township are subject to change.

I/We are aware that if the site is serviced by public water, that the fees, service, facilities, and access to the same are under the supervision and regulation of Citizens Water Company, its successors and/or assigns and the Pennsylvania Utilities Commission and is not otherwise regulated by, associated with, or subject to the direction of the Township.

That if the property is subject to an easement or right-of-way, I/We are aware that the area of the right-of-way may be accessed by governmental interest, the easement holder, the general public or other third parties acting on behalf of one of these entities, if applicable, and that we will not impede, obstruct, or otherwise preclude access to the same for such appropriate purposes.

That if the property is subject to easements or rights-of-way for storm water management facilities (i.e., catch basins, drains, pipes, conduit, and/or storm water detention/retention basins, etc.), that I may have certain obligations

regarding the maintenance, access to, and operation of said facilities and that if I should fail to perform said maintenance, the Township may enter upon the property to perform the same at my cost and expense.

I/We, being the undersigned, acknowledge that I/We have received a full size copy of the plan detailing the scope of the subdivision and/or land development site, as well as, a separate lot plan of my/our property from the Seller. I/We further understand and agree to the constraints imposed thereon with regard to my/our property. I/We have also received a full and complete copy of this Disclosure Statement and understand that signing this Disclosure Statement does not release me/us from meeting the requirements and obligations of the Township of Limerick, Commonwealth of Pennsylvania, or United States Government.

Seller _____

Purchaser _____

Seller _____

Purchaser _____

DATED: _____

**Limerick Township
House / Building Placement**

To: Limerick Township Code Office

Re: House/Building Placement

Date: December 8, 2006

I do hereby certify the placement of the house/building shall be within the allowable building envelope, as indicated on the building permit plan, at the following location:

Subdivision: The Links at Raven's Claw

Location: Masters Drive, Pottstown, Pennsylvania 19464

Lot #: 107

Layout date: _____

Responsible person: Daniel Daley, P.E., E. B. Walsh & Associates, Inc.
Lionville Professional Center, 125 Dowlin Forge Road
Exton, PA 19341
610-903-0060

Signature: 

I do hereby certify the elevation of the building shall be in accordance with the site plan as submitted with the building permit

Signature: 

Date: 1-8-07

Note: This certification must be submitted within the building permit applications, and elevation to be certified at footing inspection.

Permit #

Permit Date



REScheck Software Version 3.7.3 Compliance Certificate

Project Title: The Augusta Model

Report Date: 12/26/06

Data filename: G:\REScheck\DEWEY\Raven's Claw\Augusta.rck

Energy Code: **2003 IECC**
 Location: **Pottstown, Pennsylvania**
 Construction Type: **Single Family**
 Glazing Area Percentage: **14%**
 Heating Degree Days: **5863**

Construction Site:
The Links at Raven's Claw

Owner/Agent:
Dewey Homes, L.P.

Designer/Contractor:
Prepared by The OMNIA Group, Inc

Compliance: **Passes** Maximum UA: **705** Your Home UA: **684** --> **3.0% Better Than Code (UA)**

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	1725	30.0	0.0		60
Wall 1: Wood Frame, 16" o.c.:	1728	13.0	0.0		142
Wall 2: Wood Frame, 16" o.c.:	1740	13.0	0.0		101
Window 1: Vinyl Frame:Double Pane:	470			0.510	240
Door 2: Solid:	20			0.130	3
Door 3: Glass:	20			0.350	7
Basement Wall 1: Solid Concrete or Masonry:	1388	0.0	11.0		107
Window 2: Metal Frame, Single Pane:	11			1.000	11
Floor 1: All-Wood Joist/Truss, Over Unconditioned Space:	398	30.0	0.0		13
Furnace 1: Forced Hot Air: 90 AFUE					
Air Conditioner 1: Electric Central Air: 13 SEER					

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2003 IECC requirements in REScheck Version 3.7.3 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Builder/Designer

Company Name

Date



REScheck Software Version 3.7.3 Inspection Checklist

Date: 12/26/06

Ceilings:

- Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation
Comments: Roof

Above-Grade Walls:

- Wall 1: Wood Frame, 16" o.c., R-13.0 cavity insulation
Comments: 2nd Floor
- Wall 2: Wood Frame, 16" o.c., R-13.0 cavity insulation
Comments: 1st Floor

Basement Walls:

- Basement Wall 1: Solid Concrete or Masonry, 7.8' ht/7.0' bg/4.0' insul, R-11.0 continuous insulation
Comments: Basement (Insulation)
Exterior insulation must have a rigid, opaque, weather-resistant protective covering that covers the exposed (above-grade) insulation and extends at least 6 in. below grade.

Windows:

- Window 1: Vinyl Frame:Double Pane, U-factor: 0.510
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: 1st & 2nd Floor Windows
- Window 2: Metal Frame, Single Pane, U-factor: 1.000
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: Basement Windows

Doors:

- Door 2: Solid, U-factor: 0.130
Comments: Front Door
- Door 3: Glass, U-factor: 0.350
Comments: Rear Door

Floors:

- Floor 1: All-Wood Joist/Truss, Over Unconditioned Space, R-30.0 cavity insulation
Comments: 2nd Floor over garage

Heating and Cooling Equipment:

- Furnace 1: Forced Hot Air: 90 AFUE or higher
Make and Model Number: _____
- Air Conditioner 1: Electric Central Air: 13 SEER or higher
Make and Model Number: _____

Air Leakage:

- Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage must be sealed.
- Recessed lights must be 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from combustible materials. If non-IC rated, the fixture must be installed with a 3" clearance from insulation.

Skylights:

- Minimum insulation requirement for skylight shafts equal to or greater than 12 inches is R-19.

Vapor Retarder:

- Required on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

- Materials and equipment must be installed in accordance with the manufacturer's installation instructions.
- Materials and equipment must be identified so that compliance can be determined.
- Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment must be provided.
- Insulation R-values, glazing U-factors, and heating equipment efficiency must be clearly marked on the building plans or specifications.

Duct Insulation:

- Supply ducts in unconditioned attics or outside the building must be insulated to R-8.
- Return ducts in unconditioned attics or outside the building must be insulated to R-4.
- Supply ducts in unconditioned spaces must be insulated to R-8.
- Return ducts in unconditioned spaces (except basements) must be insulated to R-2.
- Where exterior walls are used as plenums, the wall must be insulated to R-8.
- Insulation is not required on return ducts in basements.

Duct Construction:

- Duct connections to flanges of air distribution system equipment must be sealed and mechanically fastened.
- All joints, seams, and connections must be securely fastened with welds, gaskets, mastics (adhesives), mastic-plus-embedded-fabric, or tapes. Tapes and mastics must be rated UL 181A or UL 181B.
Exception: Continuously welded and locking-type longitudinal joints and seams on ducts operating at less than 2 in. w.g. (500 Pa).
- The HVAC system must provide a means for balancing air and water systems.

Temperature Controls:

- Thermostats are required for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor shall be provided.

Service Water Heating:

- Water heaters with vertical pipe risers must have a heat trap on both the inlet and outlet unless the water heater has an integral heat trap or is part of a circulating system.
- Insulate circulating hot water pipes to the levels in Table 1.

Circulating Hot Water Systems:

- Insulate circulating hot water pipes to the levels in Table 1.

Swimming Pools:

- All heated swimming pools must have an on/off heater switch and require a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps require a time clock.

Heating and Cooling Piping Insulation:

- HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F must be insulated to the levels in Table 2.

Table 1: Minimum Insulation Thickness for Circulating Hot Water Pipes

Heated Water Temperature (°F)	Insulation Thickness in Inches by Pipe Sizes			
	Non-Circulating Runouts		Circulating Mains and Runouts	
	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-169	0.5	0.5	1.0	1.5
100-139	0.5	0.5	0.5	1.0

Table 2: Minimum Insulation Thickness for HVAC Pipes

Piping System Types	Fluid Temp. Range(°F)	Insulation Thickness in Inches by Pipe Sizes			
		2" Runouts	1" and Less	1.25" to 2.0"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	106-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant and Brine	40-55	0.5	0.5	0.75	1.0
	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD: (Building Department Use Only)



REScheck Software Version 4.0.1
Compliance Certificate

Project Title: The Augusta Model

Report Date: 03/02/07

Data filename: Y:\REScheck\DEWEY\Raven's Claw\Augusta.rck

Energy Code: **2006 IECC**
 Location: **Pottstown, Pennsylvania**
 Construction Type: **Single Family**
 Building Orientation: **Bldg. orientation unspecified**
 Conditioned Floor Area: **2697 ft2**
 Glazing Area Percentage: **14%**
 Heating Degree Days: **5863**
 Climate Zone: **4**

Construction Site:
 The Links at Raven's Claw

Owner/Agent:
 Dewey Homes, L.P.

Designer/Contractor:
 Prepared by The OMNIA Group, Inc

Compliance: Passes on UA Maximum UA: **609** Your Home UA: **594 --> 2.6% Better Than Code**

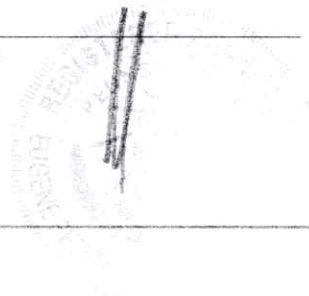
Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	1725	30.0	0.0		60
Wall 1: Wood Frame, 16" o.c.: Orientation: Unspecified	1728	13.0	0.0		142
Wall 2: Wood Frame, 16" o.c.: Orientation: Unspecified	1740	13.0	0.0		101
Window 1: Vinyl Frame:Double Pane: SHGC: 0.32 Orientation: Unspecified	470			0.330	155
Door 2: Solid: Orientation: Unspecified	20			0.130	3
Door 3: Glass: SHGC: 0.32 Orientation: Unspecified	20			0.350	7
Basement Wall 1: Solid Concrete or Masonry: Orientation: Unspecified Wall height: 7.8' Depth below grade: 7.0' Insulation depth: 4.0'	1388	0.0	13.0		102
Window 2: Metal Frame, Single Pane: SHGC: 1.00 Orientation: Unspecified	11			1.000	11
Floor 1: All-Wood Joist/Truss, Over Unconditioned Space:	398	30.0	0.0		13
Furnace 1: Forced Hot Air: 90 AFUE					
Air Conditioner 1: Electric Central Air: 13 SEER					

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2006 IECC requirements in REScheck Version 4.0.1 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Name - Title

Signature

Date





REScheck Software Version 4.0.1 Inspection Checklist

Date: 03/02/07

Ceilings:

- Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation
Comments: Roof

Above-Grade Walls:

- Wall 1: Wood Frame, 16" o.c., R-13.0 cavity insulation
Comments: 2nd Floor
- Wall 2: Wood Frame, 16" o.c., R-13.0 cavity insulation
Comments: 1st Floor

Basement Walls:

- Basement Wall 1: Solid Concrete or Masonry, 7.8' ht / 7.0' bg / 4.0' insul, R-13.0 continuous insulation
Comments: Basement (FSK Insulation)

Windows:

- Window 1: Vinyl Frame:Double Pane, U-factor: 0.330
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: 1st & 2nd Floor Windows
- Window 2: Metal Frame, Single Pane, U-factor: 1.000
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: Basement Windows

Note: Up to 15 sq.ft. of glazed fenestration per dwelling is exempt from U-factor and SHGC requirements.

Doors:

- Door 2: Solid, U-factor: 0.130
Comments: Front Door
- Door 3: Glass, U-factor: 0.350
Comments: Rear Door

Floors:

- Floor 1: All-Wood Joist/Truss, Over Unconditioned Space, R-30.0 cavity insulation
Comments: 2nd Floor over garage
Floor insulation is installed in permanent contact with the underside of the subfloor decking.

Heating and Cooling Equipment:

- Furnace 1: Forced Hot Air: 90 AFUE or higher
Make and Model Number: _____
- Air Conditioner 1: Electric Central Air: 13 SEER or higher
Make and Model Number: _____

Air Leakage:

- Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed.

- Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the ceiling, or 2) Type IC rated and ASTM E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustibile materials and a 3" clearance from insulation.

Materials Identification:

- Materials and equipment are identified so that compliance can be determined.
- Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.
- Insulation R-values, glazing U-factors, and heating equipment efficiency are clearly marked on the building plans or specifications.
- Insulation is installed according to manufacturer's instructions, in substantial contact with the surface being insulated, and in a manner that achieves the rated R-value without compressing the insulation.

Duct Insulation:

- Ducts in unconditioned spaces are insulated to R-8.
- Ducts in floor trusses are insulated to R-6.

Duct Construction:

- Air handlers, filter boxes, and duct connections to flanges of air distribution system equipment or sheet metal fittings are sealed and mechanically fastened.
- All joints, seams, and connections are made substantially airtight with tapes, gasketing, mastics (adhesives) or other approved closure systems. Tapes and mastics are rated UL 181A or UL 181B.
- Building framing cavities are not used as supply ducts.
- Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.
- Additional requirements for tape sealing and metal duct crimping are included by an inspection for compliance with the International Mechanical Code.

Temperature Controls:

- Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.

Heating and Cooling Equipment Sizing:

- Additional requirements for equipment sizing are included by an inspection for compliance with the International Mechanical Code.

Circulating Hot Water Systems:

- Circulating hot water pipes are insulated to R-2.
- Circulating hot water systems include an automatic or accessible manual switch to turn off the circulating pump when the system is not in use.

Heating and Cooling Piping Insulation:

- HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F are insulated to R-2.

Certificate:

- A permanent certificate is provided on or in the electrical distribution panel listing the predominant insulation R-values; window U-factors; type and efficiency of space-conditioning and water heating equipment.

NOTES TO FIELD: (Building Department Use Only)



2006 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
Ceiling / Roof	30.00
Wall	13.00
Floor / Foundation	30.00
Ductwork (unconditioned spaces):	_____

Glass & Door Rating	U-Factor	SHGC
Window	0.33	0.32
Door	0.13	0.32

Heating & Cooling Equipment	Efficiency
Forced Hot Air Furnace	90 AFUE
Electric Central Air Conditioner	13 SEER
Water Heater:	_____

Name: _____ Date: _____

Comments:

INTER-OFFICE RECEIPT TRANSMITTAL

Name: Dewey Hornes
 Development: Raven's Claw
 Location: 260 Masters Dr.

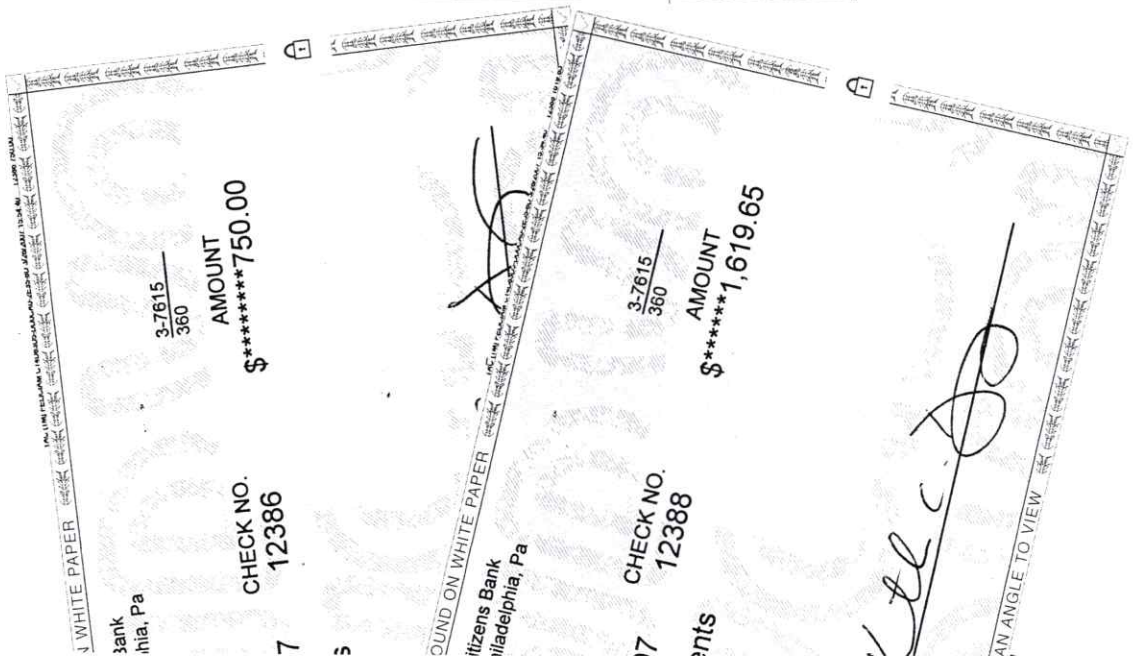
Date: 4/09/2007
 Lot #: 107
 B _____ U _____

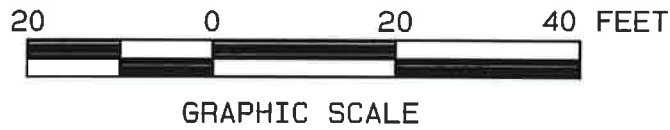
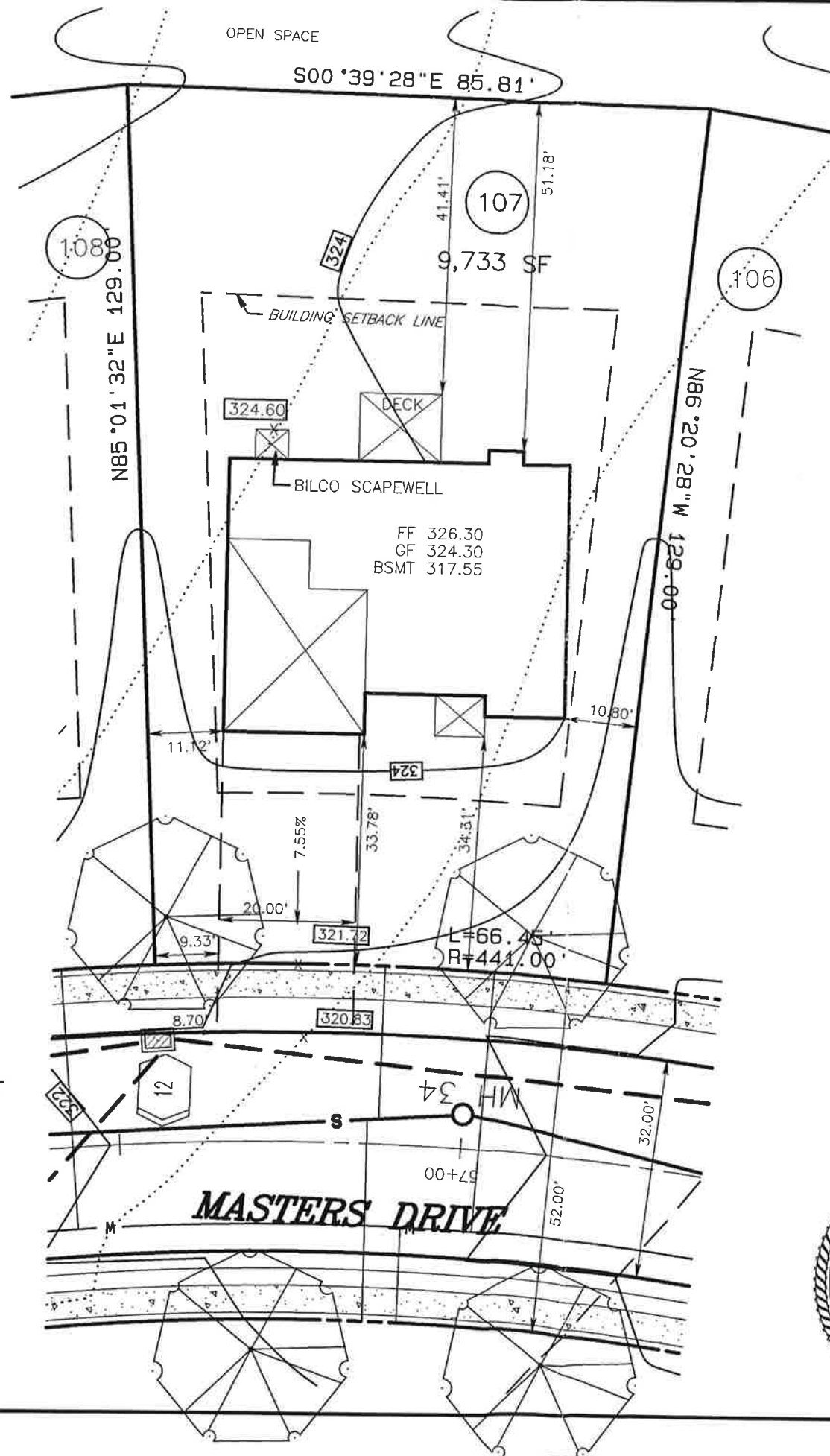
- Check #:
- 107 - Cont. Reg. _____
 - 113 - Solicitation _____
 - 109 - Home Occup. Permit _____
 - 114 - Trailer Park _____
 - 801 - Highway Occup. Permit _____
 - 115 - Zoning Permit _____
 - 108 - Sign Permit _____
 - 110 - Zoning Hearing _____
 - 116 - Petition to Re-Zone _____
 - 904 - Conditional Use Hearing _____
 - 111 - Sale of Codes/Maps _____
 - _____
 - 901 - Copying Fees _____
 - 117 - Alarm Permit _____
 - 106 - Grading Permit _____

- Commercial or Residential: SFD
 Sq. Ft.: 3299
 Cost of Improvement: _____
 101 - Building Permit \$ 1154.65
 Cost for Electrical 3700
 102 - Electrical Permit \$ 84.00
 Number of Plumbing Fixtures: 20
 103 - Plumbing Permit \$ 200.00
 104 - Use & Occup. Permit: \$ 35.00
 Cost for Mechanical: 6000
 105 - Mechanical Permit: \$ 130.00
 122 - Training Fee: 16.00
 119 - Building Plan Review: _____
 Other _____
 716 - Grading Application Escrow _____

Money Received for the funds listed below MUST be on separate Checks.

- 701 - Road Improvement: \$ 750.00
 - 702 - Act 209: _____
 - 703 - Lewis Road: _____
 - 708 - Open Space: _____
- TOTAL \$ 2369.65





GENERAL NOTES:

1. BASE PLAN INFORMATION TAKEN FROM FINAL SITE PLANS PREPARED FOR HERITAGE HILLS GOLF CLUB, PREPARED BY VAN CLEEF ENGINEERING ASSOCIATES, DATED SEPTEMBER 12, 2000, LAST REVISED JULY 27, 2003.

BUYERS ACKNOWLEDGEMENT
LOT GRADING

I (WE) AM/ARE THE PURCHASER'S OF LOT NO. 107 IN THE RAVEN'S CLAW COMMUNITY IN LIMERICK TOWNSHIP, MONTGOMERY COUNTY, PENNSYLVANIA. I (WE) HEREBY ACKNOWLEDGE THAT I (WE) HAVE REVIEWED THE LOCATION OF THE HOUSE AS SHOWN ON THE PLOT PLAN AND ARE SATISFIED THAT THE GRADING OF THE LOT SHALL BE CONSISTENT WITH THE PLOT PLAN THAT WE HAVE BEEN PROVIDED BY THE DEVELOPER, DEWEY HOMES LP.

DATE: _____ BUYERS SIGNATURE _____
 _____ BUYERS SIGNATURE _____

GOLF COURSE RESIDENTIAL COMMUNITY OPTION ZONING DATA	
MIN. FRONT YARD	25 FT.
MIN. SIDE YARD	10 FT.
MIN. REAR YARD	30 FT.
MAX. BLDG. COVER	35%

APPLICANT
 DEWEY HOMES
 435 DEVON PARK DRIVE
 SAFEGUARD CAMPUS
 BUILDING 200
 WAYNE, PA 19087

LOT 107 - RAVEN'S CLAW
 260 MASTERS DRIVE
 AUGUSTA MODEL
 COLONIAL ELEVATION
 BLDG. COVERAGE: 19.7%

3. 01/25/07 REVISE PORCH PER DEWEY HOMES.
2. 01/17/07 CHANGE ELEVATION, DECK, BSMT ELEV & BILCO PER DEWEY REQUEST.
1. 12/08/06 ADJUST DRIVEWAY LOCATION & ADD DIMENSIONS PER DEWEY REQUEST.

Edward B. Walsh & Associates, Inc. does not guarantee the accuracy of the locations for existing subsurface utility lines, structures, etc. shown on the plans, nor does E. B. Walsh & Assoc., Inc. guarantee that all subsurface utility lines, structures, etc. are shown.

Contractor shall verify the location and elevations of all subsurface utility lines, structures, etc. before the start of work, by calling the Pennsylvania One Call System at 1-800-242-1776.



BUILDING PERMIT PLAN
FOR
THE LINKS AT RAVEN'S CLAW
LOT 107

LIMERICK TOWNSHIP CHESTER COUNTY, PA.

Edward B. Walsh & Associates, Inc.
CIVIL ENGINEERS & SURVEYORS

Lionville Professional Center
125 Dowlin Forge Road
Exton, PA 19341
Phone (610) 903-0060
Fax (610) 903-0080

Project- 2806
Date- 11-28-06
Scale- 1" = 20'
Drawn- CE
Checked- DHD
Sheet- 1 OF 1

Plotted: Thu Jan 25, 2007 File: F:\JB\2806\2806-B6.pro