

WASHINGTON TOWNSHIP

4 Flicksville Road

Bangor, PA 18013

Phone (610)588-1524 Fax (610)588-0245

PERMIT

<input type="checkbox"/> Z99- ZONING	<input checked="" type="checkbox"/> B99-118 BUILDING \$18,547 Est. Cost Fee \$ 45 Paid 0 16897	<input type="checkbox"/> TH99- TREE HARVEST	<input type="checkbox"/> DW99- DRIVEWAY	<input type="checkbox"/> OTHER _____
Fee \$ _____ Paid _____	Est. Cost _____ Fee \$ _____ Paid _____	Est. Cost _____ Fee \$ _____ Paid _____	Est. Cost _____ Fee \$ _____ Paid _____	Est. Cost _____ Fee \$ _____ Paid _____

PROPERTY LOCATION 126 NAGYHILL RD. OWNER ALLEN & SHIRLEY REESER
 ZONE: A FLOOD ZONE: X ADDRESS: 126 NAGYHILL RD
 PIN: F10 - 7 - 3B BANGOR, PA 18013

WORK TO BE DONE: INSTALL REPLACEMENT WINDOWS
AND PATIO DOOR

APPLICANT: SEARS HOME IMPROVEMENT PRODUCTS PHONE () _____
7310 TILGHMAN ST. ALLENTOWN PA 18106
 STREET ADDRESS CITY ST ZIP

APPLICANT AGREES TO COMPLY WITH ALL REGULATIONS AND REQUIREMENTS OF WASHINGTON TOWNSHIP.
 APPLICANT SIGNATURE: Karen M. [Signature] DATE 11/22/99

PERMIT(S) ISSUED: [Signature] DATE 11/22/99
 RICK WEAVER ZONING/CODES OFFICER

NOTES: _____

This permit must be attached by the owner or contractor in a visible location on the premises until all work is completed. The owner/contractor must notify this office in advance to schedule for all required inspections.
 Inspections Required: Footer - Foundation - Framing - Plumbing - Electric - Occupancy

OCCUPANCY PERMIT REQUIRED? YES Fee \$ _____ (Permit # O99-____ Date 1/1) -- NO
 If an occupancy permit is required the owner must request a final inspection by contacting this office at (610)588-1524.

Distribution of Permit(s):
 All Zoning Zoning Solicitor County Assessment Property File

WASHINGTON TOWNSHIP
NORTHAMPTON COUNTY
4 FLICKSVILLE ROAD *BANGOR, PA 18013

Established
1871

Phone: (610) 588-1524
Fax: (610) 588-0245

RECEIPT FORM

Received from JUDITH HARRIS Date of receipt 11/22/99

In payment of BUILDING PERMIT B99-118

Check # 16897 Cash _____ Amount 45

SEARS HOME IMPROVEMENT PRODUCTS INC
REGIONAL ACCOUNT
9001 RICO RD BLDG 9
MONROEVILLE, PA 15146

16897
8-12/430 001
DATE 11-3-99

PAY TO THE ORDER OF Washington Township \$ 45.00
Forty five and 00/100 DOLLARS

National City Bank Of Pennsylvania
Pittsburgh, Pennsylvania

FOR Permit Keeser 9972338 Judith Harris

NOT NEGOTIABLE OVER \$500.00
VOID AFTER 60 DAYS.

⑈016897⑈ ⑆043000122⑆ 239200658⑈

Received by Rich Wilson

ACORD CERTIFICATE OF INSURANCE DATE (MM/DD/YY) 09/20/99

PRODUCER
 MARS: USA INC.
 ATTN: SANDRA GRANDISON 312 927 6102
 100 W. MONROE STREET
 CHICAGO, IL 60608

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 LIBERTY MUTUAL FIRE INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
 BEARS, ROBUCK AND CO.
 BEARS HOME IMPROVEMENT PRODUCTS, INC.
 ATTN: DEBRA WAGNER
 3333 BEVERLY ROAD
 J789RM, BS 172B
 HOFFMAN ESTATES, IL 60179

COVERAGE: This certificate supplements and replaces any previously issued certificate. 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. TR.	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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RG2-C41-004249-380	10/01/98	10/01/00	GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS GUMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$ 5,000,000
					EACH OCCURRENCE	\$ 5,000,000
					FIRE DAMAGE (ANY ENG. LG)	\$ 1,000,000
					PROP. EXP. (Any one person)	\$ 500
A	AUTOMOBILE LIABILITY <input checked="" 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	AS2-C41-004249-440	10/01/98	10/01/00	COMBINED SINGLE LIMIT	\$ 5,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per occurrence)	\$
	<input checked="" type="checkbox"/> PHYSICAL DAMAGE GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	SELF-INSURED			PROPERTY DAMAGE	\$
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNER/EXECUTIVE/ OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	WA2-C4D-004249-029 (AOS) WC2-C41-004249-039 (AK, ID, KS, OR, WI) LA MAME RI SELF-INSURED	10/01/98 10/01/99	10/01/00 10/01/00	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
					EACH ACCIDENT	\$ 5,000,000
					DISEASE - POLICY LIMIT	\$ 5,000,000
					DISEASE - EACH EMPLOYEE	\$ 5,000,000

DESCRIPTION OF OPERATIONS/LOCATION(S) AND SPECIAL ITEMS LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS. ANYONE WHO IS DESIGNATED BY WRITTEN CONTRACT/AGREEMENT WITH THE NAMED INSURED TO BE AN ADDITIONAL INSURED SHALL BE SO DESIGNATED.

CERTIFICATE HOLDER:

WASHINGTON TOWNSHIP
 4 FLICKSVILLE ROAD
 HANGOR, PA 19013

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Mary Hollis*
 Mary Hollis

MAP F10 BLOCK 7 LOT 3B SCHOOL 01 DIST 34 EX 01

CHANGE LETTER: BILLINGS (COUNTY N SCHOOL N MUNIC N) TYPE DATE: 112299
YR 99 NO 11
NAME: REESER, ALLEN R & SHIRLEY M ADD#1: 126 NAGY HILL RD

ADD2 CI,ST BANGOR PA ZIP 180139112

DEED1: 690 -000916	DEED2:	DEED3:	DEED4:
LOC 126	NAGYS HILL RD	SALE: 72000	LAND: 30200
CODE:	COMMENTS:		VALUE
			BLDG: 84400
ACT/LERTA :	USE:		+ VALUE
			TOTAL: 114600
			= VALUE
		TRANS AND SPLIT ONLY]	TOTVAL/2=
IMP:		TYPE	TOTAL: 57300
		CODE	ASSESS