

202121



301 Iven Avenue  
Wayne, PA 19087  
P 610-688-5600  
F 610-971-0450  
www.radnor.com

### RADNOR TOWNSHIP Community Development Department Application for Plumbing Permit

Permit No. \_\_\_\_\_  
Fee 156.50  
\*\*Include \$4.50 PA Surcharge  
and \$2.00 Administrative Fee

**Job Location** Address: 143 BARCLADEN RD.  
Bryn Maur, PA. 19010

**Property Owner:** Name: Jane GALLI  
Address/Zip: 143 BARCLADEN RD Bryn Maur.  
Phone: 610-27-4986 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumbing Contractor:** Name: Len the Plumber  
Address/Zip: 7 Chelsea PKwy Ste. 709. Boothwyn PA 19061  
Phone: 610-616-3377 Fax: \_\_\_\_\_ Email: lplumber.com

Residential  Commercial  Institutional  Other   
New Work  Alteration

	Yard	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Total:
Water Closet							
Urinals							
Bath Tubs							
Showers							
Sinks							
Garbage Disposal *							
Dishwasher *							
Utility Sink							
Auto Clothes Washer							
Sewer Ejector Pump *							
Hot Water Heater *							
Water Service *							
Sewer Connection*							
Gas Fixtures *							
Other							
Total:	<u>8.160.</u>						

*closed*  
*01/05/22*

\* Additional Fee See Attached Specification

Is connection to be made with Sewer  On Site   
Size of House Drain of Building See attached  
Size of Soil Pipe 4" Size of Vent Pipe 4"

All work, materials and construction to be in accordance with the rules and regulations of the Plumbing Codes of the Township of Radnor. Plumbing inspections require 24 hours notice minimum. Rough inspections required. Final inspections required for ALL permits. PERMITS ARE NON-TRANSFERABLE

Signature of (Master) Plumber Len the Plumber Current Registration No. PA 129501



LUMBING • DRAINS • WATER HEATERS

1552 Ridgely Street  
Baltimore, MD 21230  
Phone: 410-247-9970

550 Forest Glen Road  
Silver Spring, MD 20901  
Phone: 301-222-1500

7 Chelsea Parkway  
Boothwyn, PA 19061  
PA: 610-616-3377  
DE: 302-250-4513

Fax: 410-247-9290  
www.lentheplumber.com

10440 Furnace Rd., Ste. 106  
Lorton, VA 22079  
Phone: 703-870-2500

INVOICE #	793016
DATE	11/16/20
REFERRING TECH	S Hushce

JOB NAME	Jane Galli		
JOB ADDRESS	143 Barcladen Rd APT#		
CITY	STATE	ZIP	19010
HOME PHONE	CELL PHONE	610 527-4986	

BILLING NAME (IF DIFFERENT FROM JOB NAME)			
BILLING ADDRESS (IF DIFFERENT FROM JOB ADDRESS)	APT#		
CITY	STATE	ZIP	
HOME PHONE	CELL PHONE		

**JOB SPECIFICATIONS**

Len The Plumber will obtain the required plumbing permits and contract Miss Utility to locate and mark the utilities.  
Excavate to expose the sewer and;

REPAIR up to approximately 10 ft in length 9 ft. in depth of existing (outside/inside) sewer line with sch. 40 PVC.  
Provide 1 cleanout(s) and have local jurisdiction inspect as required. curb trap  
Backfill trench to mounded machine grade utilizing plastic ground cover for spoil pile.  
Warranty on repaired pipe only, 5 years. \$ 6950

REPLACE up to approximately 60 ft. in length, 9 ft. in depth of existing sewer line with sch. 40 PVC from house connection to municipal connection. Inside approximately X ft. in length, X ft. in depth.  
Provide 1 cleanout(s) and have local jurisdiction inspect as required. curb trap if req  
Backfill trench to mounded machine grade utilizing plastic ground cover for spoil pile.  
Lifetime Warranty on replaced pipe only, 10 year transferrable. \$ 8560

- TRENCHLESS PIPE-BURSTING OPTION +\$ 2,000.00 +\$
- WATER SERVICE ADD ON +\$ 1,500.00 +\$
- MISC ADD ON +\$ \_\_\_\_\_ +\$

*Discount Drain Clean - \$400*

*pd. \$2760 cc #649822*

TOTAL \$ 8160

DEPOSIT \$ 2760

BALANCE DUE UPON COMPLETION \$ 5400

**Financing Available**

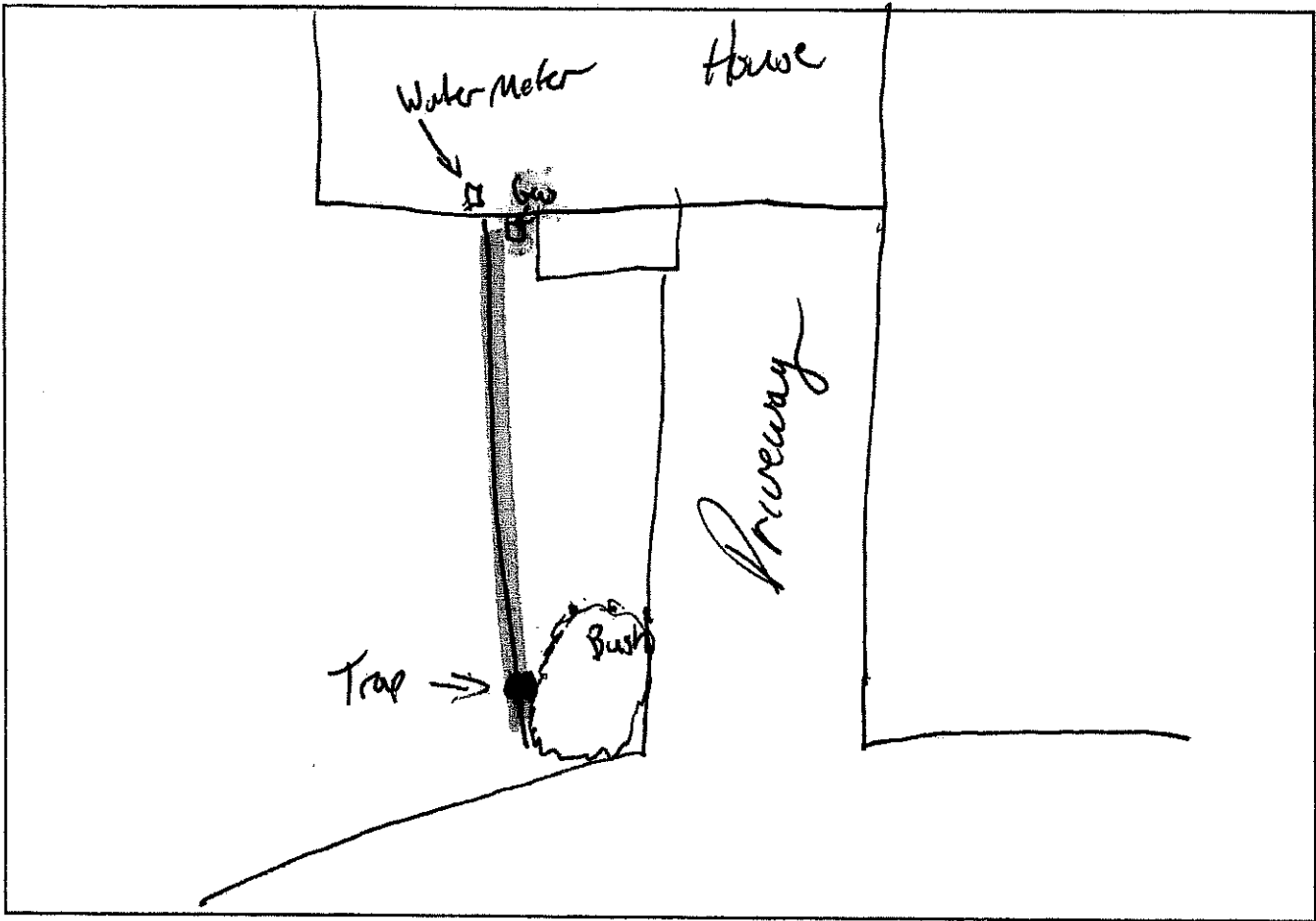
I, the undersigned, have read, agreed to, received a copy of this contract, and have authorized this work to be completed. I have also read the **TERMS AND CONDITIONS** on the back of this contract.

Client Signature <u>Jane F. Galli</u>	Print Client Name <u>X Jane F. Galli</u>
Employee Signature <u>Gary Schannauer</u>	Print Employee Name <u>Gary Schannauer</u>

I, the undersigned, acknowledge that the work above has been completed to my **UTMOST SATISFACTION.**

Client's Signature \_\_\_\_\_ Employee Signature \_\_\_\_\_

PAYMENT	<input type="checkbox"/> CASH	DRIVER LICENSE # _____	STATE _____	DATE OF BIRTH _____
	<input type="checkbox"/> CHECK	CREDIT CARD # _____	CREDIT CARD EXPIRATION DATE _____	
	<input type="checkbox"/> CREDIT CARD	AUTHORIZING MANAGER _____		
	<input type="checkbox"/> BILL			



Please indicate orientation of layout, any visible utilities, or objects obstructing excavation area (sidewalks, trees, retaining walls, etc.)

Reference point for excavation start House  
 Distance (in feet) to start point \_\_\_\_\_  
 Reference for excavation termination street  
 Distance (in feet) to termination point \_\_\_\_\_  
 Total (approximate) excavation area 50

Is line holding? No  
 Sewer Pipe Size 4"  
 Sewer Material CF  
 Depth at start 9 FT  
 Depth at end 9 FT 6"  
 Manhole Depth \_\_\_\_\_

Water Pipe Size 3/4"  
 Water Material Copper  
 Accessible Valve Yes  
 Water (Location) w/ sewer  
 Debris haul? No

Order Number 793016 Customer Jane Galli Date 11/16/20

Public Utilities

Gas close  
Electric overhead rear  
FIOS overhead  
Other ∞

Private Utilities (if any)

Irrigation ∞  
Electric ∞  
Gas ∞

Access to dig location? IE Fencing, retaining wall, trees, neighbor's yard, etc.

Bush Close in two locations

Parking for equipment? IE front street, back yard, around the corner, etc.

street

Room for safe excavation/spoils pile? IE size of yard, guide wires for telephone poles, etc.

yes

Reason for replacement

Break

Special Requests/Other Notes- IE remove and haul bush, gravel for driveway, sidewalk removal, etc.

Remove Bush by Street

IF necessary

**Include minimum of 3 pictures with every scope submission; picture of entire excavation area from street, picture of start of excavation with landmark, picture of excavation termination with landmark**

Order Number 793016

Customer Jane Galli

Date 11/16/20



LENTHEP-01

JARCHIBALD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. 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).


<b>PRODUCER</b> <b>R&amp;A INSURANCE, INC.</b> EP III Suite 1102 11350 McCormick Road Hunt Valley, MD 21031	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(410) 833-7666</b>		<b>FAX (A/C, No): (410) 833-3564</b>
	<b>EMAIL ADDRESS:</b> <b>certificates@rarisk.com</b>		
<b>INSURED</b>  <b>Len The Plumber LLC</b> <b>Len The Plumber Inc, Len Bush</b> <b>1552 Ridgely Street</b> <b>Baltimore, MD 21230</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Erie Insurance Exchange</b>		<b>26271</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

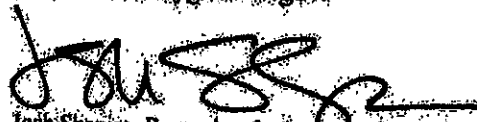
INSR LTR	TYPE OF INSURANCE	ADDL INSD	RISR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q48-1450422	12/14/2019	12/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q12-1440022	12/14/2019	12/14/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			Q36-1470201	12/14/2019	12/14/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q96-6400028	12/14/2019	12/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Business Auto			Q12-1440040	12/14/2019	12/14/2020	Liability \$ 1,000,000
A	Business Auto			Q12-1440039	12/14/2019	12/14/2020	Liability \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Type of Insurance: Workers Comp for Delaware  
 Policy #R2WC011683 - (Amguard Insurance Company)  
 Eff Date: 02/01/2019 Exp Date: 02/01/2020  
 Limits:  
 E.L. Each Accident: \$500,000  
 E.L. Disease - Ea Employee: \$500,000  
 E.L. Disease - Policy Limit: \$500,000

<b>CERTIFICATE HOLDER</b>  Township of Radnor 301 Iven Avenue Wayne, PA 19087	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

If you have any questions or have changes to the information you provided on your registration form, contact the Pennsylvania Office of Attorney General at 717-712-2425 or HIC@attorneygeneral.gov. For further information on the home improvement law visit [www.attorneygeneral.gov](http://www.attorneygeneral.gov).

  
Josh Shapiro, Pennsylvania Attorney General



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

THIS IS TO CERTIFY THAT  
LEN THE PLUMBER, LLC  
1552 RIDGELY STREET  
BALTIMORE MD 21230  
HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR  
PA 129501

1/26/2021

LEN THE PLUMBER, LLC  
1552 RIDGELY STREET  
BALTIMORE MD 21230

COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

1/26/2021

LEN THE PLUMBER, LLC  
1552 RIDGELY STREET  
BALTIMORE MD 21230

COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

LEONARD H BUSH  
1552 RIDGELY ST  
BALTIMORE MD 21230-2013

This form acknowledges receipt of your \$50.00 application fee, required under Pennsylvania's Home Improvement Consumer Protection Act. Please keep this form for your records.

# Commonwealth of Pennsylvania

## Office of Attorney General

THIS IS TO CERTIFY THAT

LEN THE PLUMBER, LLC  
1552 RIDGELY STREET  
BALTIMORE MD 21230

REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

1/26/2021

VALID UNTIL

PA 129501

REGISTRATION NUMBER

  
JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

# Maryann Cassidy

---

**From:** noreply@radnor.org  
**Sent:** Monday, November 23, 2020 12:43 PM  
**To:** Maryann Cassidy  
**Subject:** eReceipt from Radnor Township, PA

Radnor Township, PA

Thank you for your payment.  
The eReceipt that you requested is below.

MISCELLANEOUS PAYMENT RECEIPT# 64061  
RADNOR TOWNSHIP COMMUNITY DEVELOPMENT  
301 IVEN AVENUE  
WAYNE, PA 19087

DATE: 11/23/20                      TIME: 12:42:46  
CLERK: mcassidy                      DEPT: COMMUNITY DEVELOPMENT  
CUSTOMER#: 20003711  
CUSTOMER NAME: LEN THE PLUMBER LLC  
COMMENT:

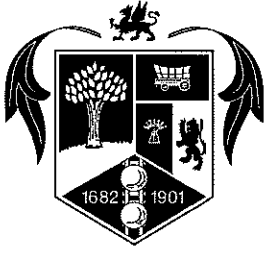
CHARGES:	
416026 UCC FEES	4.50
416027 BUILDING PERMITS	2.00
416032 PLUMBING PERMITS	150.00

REFERENCE:

AMT TENDERED:	156.50
AMT APPLIED:	156.50
CHANGE:	.00

This email was sent by an automated system. Please do not reply directly.

This is a system-generated email message. Please do not reply.



# PERMIT

PERMIT NO.

PLMB 202731

RADNOR TOWNSHIP  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
301 IVEN AVENUE, WAYNE, PA 19087

**ISSUE DATE:** 11/23/2020  
**PROPERTY ADDRESS:** 143 BARCLADEN RD  
**PROPERTY OWNER:** GALLI DAVID C & JANE F  
**CONTRACTOR:** LEN THE PLUMBER LLC  
**JOB DESCRIPTION:** RESIDENTIAL PLUMBING  
REPAIR / REPLACE SEWER LINE  
**PARCEL:** 36070410600  
**ESTIMATED COST:** \$0  
**TOTAL FEE:** \$156.50  
**CONDITIONS:** NONE  
Permit includes \$4.50 fee as required by Pennsylvania UCC Act 45

*Permits issued are subject to all applicable laws of Radnor Township and the Commonwealth of Pennsylvania. Receipt of this document acknowledges that it is the responsibility of the owner/contractor to inform this office of any changes of contractor by completing and submitting a change of contractor form if necessary. It is further understood that all inspection requests are to be made by the homeowner or contractor.*

**SIGNED PLANS MUST BE KEPT ON JOB SITE \*PERMITS TO BE POSTED AT JOB SITE**

**\* PERMIT NON-TRANSFERRABLE**

**KEVIN W KOCHANSKI, BUILDING CODE OFFICIAL**