

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

RADNOR TOWNSHIP Community Development Department Application for Mechanical Permit

1011
Permit No.
Fee \$ 100

**Include \$4.00 PA Surcharge

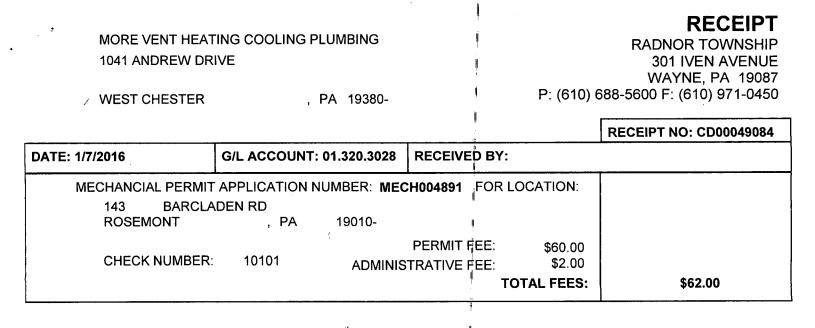
	10001	
Job Location:	Address: 143 Barcladen Rd	
Property Owner:	Name: Jane Galli Address/Zip: 143 Barcladen Rd. Phone GO-687-3145 Fax: Email:	
Wechanical Contractor:	Name: Morevent Heating Cooling Plumbing Address/Zip: 10 41 Andrew Drive PA 19380 Phone: GB-4443333 Fax: GB-4443048 Cell:	7
New Work Alt Description of Work	eration Other Proposed Install Date: 1/7/2016 eplace boiler of reuse most pring renthoc stategy	
Type of Fuel Make	HEATING M	12
Name of Unit lenn a	to Boiler Mfg. By Utica	7
Capacity of Unit (BTU's)	AIR CONDITIONING	4
Capacity of Unit (BTU's)	Input Cost of Installation	
Distance from property lin		
Name of Unit	Mfg. By	
Codes of the Township	construction to be in accordance with the rules and regulations of the Mechanical of Radnor. Mechanical inspections require 24 hours notice minimum. Rough hal inspections required for ALL permits. PERMITS ARE NOT TRANSFERABLE Current Registration No.	

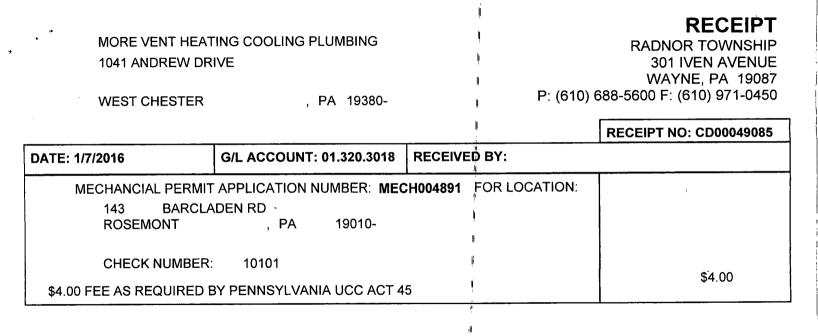
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More Vises, More Year, More Vens						
Arkiress 143 BARCLAGEN RD. City ROSEMANT STATE CA						
	P10) 34 & 522 X Mick ()					
Township or Borough RADNAR TWP 1						
Existing Outdoor Model	Existing Indoor Mode La Sian Mark 4					
A ST AND AND AND A ST A	EM COMPONENTS PREMIER: OPTIMATE FREMIDER:					
	I Grop God's and Floor As Marties					
Trurnace-Nat Gas, ER. Gas, Oil U U	1 / Complete Subsites State Legistrations					
J.Keat.Pomp U U	☐ ☐ ✓ Disposal of all Old Equipment					
☐ Inside Air Handler/Coll ☐ ☐ ☐ ☐ ☐	1 0 / All tabor					
The state of the s	O V Orch Entire System for Safety and 1 (40%)					
Maria (a)	L a Performance Control Control and an income and					
A CONTRACTOR OF THE CONTRACTOR	Land to the Company and Decourse Control (1994)					
	EXCLOSED Describes required to pay of contract wint hint party.					
Stemating S	J Super Two Removed 1					
	D					
AIRTREATMENT						
JARRIGAT J Bioforce Defender J Active Bioforce J HEPA O	ther					
Life fingeration Copper Tabling CJ Condensate Drain Piping	U New Return Vent Cor access 3 Var 123 Spend 11 Tromper					
☐ Refirst Protection Locking Caps ☐ Condensate Pump/Drain	U New Supply Vent (per serder jn) 186 to 50 - Contended 15					
Lif Contdoor Safety Disconnect Lif Celling Saver Kit - Pan & Sw	fich Cl Easy Access Air Filter COLL to See Constitution					
#Refrig Handling per Clean Air Act Sepermit/Code Compliance	☐ Custom Ductwork ☐ New Case					
Li New wire & Circuit from Edward Penel 2 Surge Protection	□ Check & Reseal leaks in Ductwork □ D= 5 - 10 Co-					
☐ QC Inspection Check	☐ Air Zonling System ☐ Sound Straton Vounts					
PROTECTION OF COMMON (Performance)	ON GUARANTEES					
The Jemon Sulpine Protection) I Peace of Mind (Workmanshi)	(Property and Safety Protection, Diffe W. Wark 19					
O Design temperature isdegrees at	stat and Oxford as terms					
WAF Vene Full Parts Warranty* Vene Full Labor Warranty*	RRANTIES*					
INVESTME	Year Compressor Warranty* L.L. Rear Mast Exchanges Warranty					
Contra 187 Amounts 500,00	NO VONCENTENT					
(self Cars - Exp Date	System Investment					
This on Card Amount Chindrel &	Total (including installation)					
and the state and the state of	tions apply. Less initial investment					
tostoni Illi de Jele paro 1	6116 Amount Due Upon Completion & 6100.00					
months all on the	6 J 2016 Amount Financed					
m I le II						
Water and a series of a series	The state of the s					
The following of the service must be performed on	System Control of the					
11.5 Andrew Drive West Chester PA	19380 • Contractor #PA005261 1 1 1 3 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2					





APPLICATION FOR LICENSE TOWNSHIP OF RADNOR 301 IVEN AVENUE WAYNE, PA 19087 (610) 688-5600 FAX# (610) 971-0450

Business Name: Morevent teating Cooling Flumbing
Owners Name: MARCO GIANCROCE
Mailing Address: 1041 Andrew Dr.
West-chester PA 19380
Business Phone Number: $60-701-8000$
Cell Phone Number: 610-888-1847
Email Address: Marco & Grancroce Omoreventservices. Con
Type of Business:Individual ProprietorshipPartnership Corporation
Public Liability Insurance Carrier: The Cincinatti Insurance Co.
Police Number: EPPO 177669 Amount:
Name of Insurance Agent: The Retermen Company
Insurance Agent Phone Number: 215-853-301-1 Policy Period: 61/01/10-01/01/1
NEED: 1. Current Certificate of Insurance with \$500,000 minimum each occurrence on the general liability and a thirty (30) day cancellation notice. Radnor Township must be listed as the "Certificate Holder."
2. General Contractors: need copy of State License or license from another township or a list of 5-6 job references.
Electricians & Plumbers: Copy of license from another township stating "Master." By Ordinance, Radnor Township requires a "Master" license.
Signature of Applicant: LICENSE NUMBER: 1

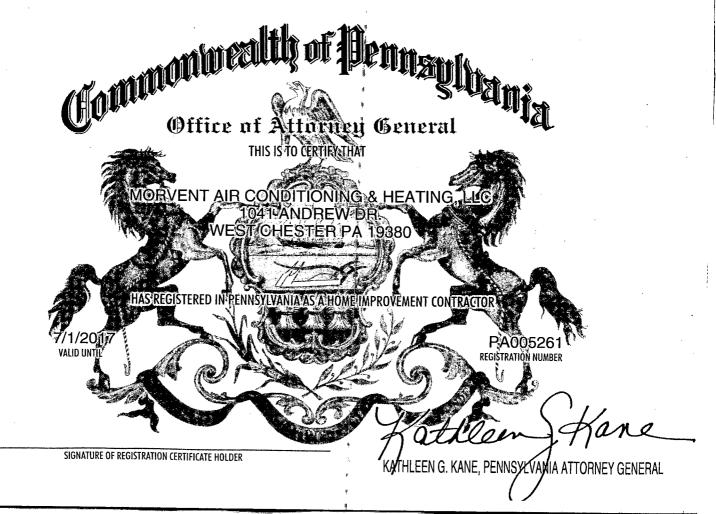
Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

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 717-772-2425 or HIC@attorneygeneral.gov. For further information on the home improvement law visit www.attorneygeneral.gov.

Kathleen G. Kane, Pennsylvania Attorney General



MARCO GIANCROCE 1041 ANDREW DR WEST CHESTER PA 19380-4293 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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2016

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 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 noider in lieu of such endorseme		
PRODUCER	CONTACT Mary Schmidt	
THE PETERMAN GROUP	PHONE (A/C, No. Ext): (215) 853-3014 FAX (A/C, No): (215)	853-3001
105 Montgomery Ave	E-MAIL ADDRESS: mls@petermancompany.com	i i
P.O. Box 249	II. INSURER(S) AFFORDING COVERAGE	NAIC#_
Montgomeryville PA 18936	INSURER A Cincinnati Insurance Company	10677
INSURED	INSURER B: Cincinnati Casualty Company	28665
Morvent Air Conditioning & Heating	ng LLC INSURERC:	_
dba MoreVent Heating Cooling & P.	lumbing INSURER D:	
1041 Andrew Drive	INSURER E:	
West Chester PA 19380	INSURER F:	
COVERAGES CERTIFIC	CATE NUMBER: CL1512408896 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERAL LIABILITY				7		EACH OCCURRENCE	\$	1,000,000
Α		CLAIMS-MADE X OCCUR				1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
		- This			EPP 017 76 69	1/1/2016	1/1/2017	MED EXP (Any one person)	\$	10,000
						į.		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC				. '		PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				į.			\$	
	AUT	OMOBILE LIABILITY			1	-		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS			EBA 017 76 69	1/1/2016	1/1/2017	BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
			į .						\$	
	Х	UMBRELLA LIAB X OCCUR			* -	i		EACH OCCURRENCE	\$	2,000,000
A		EXCESS LIAB CLAIMS-MADE				İ "		AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 10,000			EPP 017 76 69	1/1/2016	1/1/2017		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE -	N/A			·		E.L. EACH ACCIDENT	\$	500,000
в	(Man	datory in NH) describe under			EWC 032684500	4/1/2015	4/1/2016	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DESC	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	LE	ASED/RENTED EQUIPMENT			EPP 017 76 69	1/1/2016	1/1/2017	LIMIT		\$25,000
						Į.				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
(610) 971-0450					
Radnor Township 301 Iven Avenue Wayne, PA 19087	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				
	Mary Schmidt/MLS Many Solmies				

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