



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**

4891

Permit No. \_\_\_\_\_  
Fee \$166  
\*\*Include \$4.00 PA Surcharge

*WSP 11716 Chase*

**Job Location:** Address: 143 Barcladen Rd

**Property Owner:** Name: Jane Galli  
Address/Zip: 143 Barcladen Rd.  
Phone: 610-687-3145 Fax: - Email: \_\_\_\_\_

**Mechanical Contractor:** Name: Morevent Heating Cooling Plumbing  
Address/Zip: 1041 Andrew Drive PA 19380  
Phone: 610-444-3333 Fax: 610-444-3048 Cell: \_\_\_\_\_

Residential  Commercial  Institutional   
New Work  Alteration  Other  \_\_\_\_\_  
Proposed Install Date: 1/7/2016

Description of Work Replace boiler & reuse most approved piping & control stat & y new thermostat

**HEATING** M  
Type of Fuel Natural Gas Cost of Installation \_\_\_\_\_  
Name of Unit Pennco Boiler Mfg. By Utica  
Capacity of Unit (BTU's) Input 100,000 Output \_\_\_\_\_

60  
+6  
66

**AIR CONDITIONING**  
Capacity of Unit (BTU's) Input N/A Cost of Installation \_\_\_\_\_  
Distance from property line \_\_\_\_\_  
Name of Unit \_\_\_\_\_ Mfg. By \_\_\_\_\_

All work, materials and construction to be in accordance with the rules and regulations of the Mechanical Codes of the Township of Radnor. Mechanical inspections require 24 hours notice minimum. Rough inspections required. Final inspections required for ALL permits. PERMITS ARE NOT TRANSFERABLE  
Signature of Applicant [Signature] Current Registration No. \_\_\_\_\_



More Vent, More Time, More Vent

Client: \_\_\_\_\_  
 Name: David C. & Jane F. Galli Date: 1/6/16  
 Address: 143 BARCLAY RD. City: ROSEMONT State: PA 19380  
 Home Phone: (610) 527 4986 Mobile: (610) 348 2524 Work: \_\_\_\_\_  
 Township or Borough: RANNOCK TWP Email: dgalli@morevent.com  
 Existing Outdoor Model: \_\_\_\_\_ Existing Indoor Model: 10510

**NEW SYSTEM COMPONENTS**

EQUIPMENT:	BASIC:	DELUXE:	PREMIER:	OPTIMUM:	INGRAMERC:
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Drop Cloths and Floor Protection
<input type="checkbox"/> Furnace- Nat Gas, L.P. Gas, Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Complete Jobsite Clean Up/Seal Up
<input type="checkbox"/> Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Disposal of all Old Equipment
<input type="checkbox"/> Inside Air Handler/ Coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> All Labor
<input type="checkbox"/> Electric Heat Kit/ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Check Entire System for Safety and Efficiency
<input checked="" type="checkbox"/> Boiler- Gas, Oil	<input checked="" type="checkbox"/> 100K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performance Control Control and seal in components
<input type="checkbox"/> Water Heater- Size _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-Ferrous materials <input type="checkbox"/> Insulation <input type="checkbox"/> PEX <input type="checkbox"/> PEX-AL <input type="checkbox"/> PEX-BC
<input type="checkbox"/> Geothermal- Closed- Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUSIONS (You will be required to pay for certain work not included)</b>
<input type="checkbox"/> De-humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Level Two Removal \$ _____
<input type="checkbox"/> Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Chimney Liner \$ _____
					<input checked="" type="checkbox"/> Other \$ _____
					<input checked="" type="checkbox"/> Other \$ _____

**AIR TREATMENT**

<input type="checkbox"/> Air Purifier	<input type="checkbox"/> Bioforce Defender	<input type="checkbox"/> Active BioForce	<input type="checkbox"/> HEPA	Other _____
<input type="checkbox"/> Refrigeration Copper Tubing	<input type="checkbox"/> Condensate Drain Piping	<input type="checkbox"/> New Return Vent (per code)	<input type="checkbox"/> Variable Speed Drive (per code)	<input type="checkbox"/> Variable Speed Drive (per code)
<input type="checkbox"/> Refrig. Protection Locking Caps	<input type="checkbox"/> Condensate Pump/Drain	<input type="checkbox"/> New Supply Vent (per code)	<input type="checkbox"/> Easy Access Air Filter	<input type="checkbox"/> Boil to go - Condensation _____
<input type="checkbox"/> Outdoor Safety Disconnect	<input type="checkbox"/> Ceiling Saver Kit - Pan & Switch	<input type="checkbox"/> Easy Access Air Filter	<input type="checkbox"/> Custom Ductwork	<input type="checkbox"/> Oil to Gas Conversion _____
<input type="checkbox"/> Refrig. Handling per Clean Air Act	<input checked="" type="checkbox"/> Permit/Code Compliance	<input type="checkbox"/> Check & Reseal leaks in Ductwork	<input type="checkbox"/> Air Zoning System	<input type="checkbox"/> New Gas Line _____
<input type="checkbox"/> New wire & Circuit from Existing Panel	<input type="checkbox"/> Surge Protection	<input type="checkbox"/> Check & Reseal leaks in Ductwork	<input type="checkbox"/> Sound Ductwork/Attic _____	<input type="checkbox"/> Dual-Flush Toilet _____
<input type="checkbox"/> New Equipment Pad	<input type="checkbox"/> QC Inspection Check	<input type="checkbox"/> Air Zoning System		

**PROTECTION GUARANTEES**

Home Comfort (Performance)  Client Respect (Property and Safety Protection)  "It Will Work" Guarantee  
 No Damage (Equipment Protection)  Peace of Mind (Workmanship)  Our "Golden Rule" (100% Uncolored, No Stains, No Odors, No Damage, No Exterior or Interior Damage)  
 Design temperature is \_\_\_\_\_ degrees at stat and \_\_\_\_\_ exterior or temp. °F

**WARRANTIES\***

5 Year Full Parts Warranty\*  1 Year Full Labor Warranty\* \_\_\_\_\_ Year Compressor Warranty\*  1 Year Heat Exchanger Warranty\*

**INVESTMENT AGREEMENT**

Check # 457 Amount \$ 500.00  
 Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Service Card # \_\_\_\_\_ Amount Charged \$ \_\_\_\_\_  
 \*All financing is subject to lender acceptance. Certain restrictions apply.  
 Approver: [Signature] Date 1/6/16  
 Approver: [Signature] Date 1/6/2016  
 Approver: [Signature] Date 1/6/16

System Investment	\$ _____
Discounts	\$ _____
Total (Including Installation)	\$ <u>6600.00</u>
Less Initial Investment	\$ <u>500.00</u>
Amount Due Upon Completion	\$ <u>6100.00</u>
Amount Financed	\$ _____

MORE VENT HEATING COOLING PLUMBING  
1041 ANDREW DRIVE

WEST CHESTER, PA 19380-

# RECEIPT

RADNOR TOWNSHIP  
301 IVEN AVENUE  
WAYNE, PA 19087

P: (610) 688-5600 F: (610) 971-0450

RECEIPT NO: CD00049084

DATE: 1/7/2016

G/L ACCOUNT: 01.320.3028

RECEIVED BY:

MECHANICAL PERMIT APPLICATION NUMBER: **MECH004891** FOR LOCATION:

143 BARCLADEN RD  
ROSEMONT, PA 19010-

CHECK NUMBER: 10101

PERMIT FEE: \$60.00

ADMINISTRATIVE FEE: \$2.00

**TOTAL FEES:**

**\$62.00**

MORE VENT HEATING COOLING PLUMBING  
1041 ANDREW DRIVE

WEST CHESTER, PA 19380-

# RECEIPT

RADNOR TOWNSHIP  
301 IVEN AVENUE  
WAYNE, PA 19087

P: (610) 688-5600 F: (610) 971-0450

RECEIPT NO: CD00049085

DATE: 1/7/2016

G/L ACCOUNT: 01.320.3018

RECEIVED BY:

MECHANICAL PERMIT APPLICATION NUMBER: MECH004891 FOR LOCATION:

143 BARCLADEN RD  
ROSEMONT, PA 19010-

CHECK NUMBER: 10101

\$4.00 FEE AS REQUIRED BY PENNSYLVANIA UCC ACT 45

\$4.00

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

Business Name: Morevent Heating Cooling Plumbing  
Owners Name: MARCO GIANCROCE  
Mailing Address: 1041 Andrew Dr.  
West Chester, PA 19380  
Business Phone Number: 610-701-8000  
Cell Phone Number: 610-888-1847  
Email Address: marco.giancroce@moreventservices.com  
Type of Business:  Individual Proprietorship  Partnership  Corporation  
Public Liability Insurance Carrier: The Cincinnati Insurance Co.  
Police Number: EPPD177669 Amount: \_\_\_\_\_  
Name of Insurance Agent: The Peterman Company  
Insurance Agent Phone Number: 215-853-3011 Policy Period: 01/01/16-01/01/17

- 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:  Date: 1/6/2015

FEE: \$50.00

LICENSE NUMBER: \_\_\_\_\_

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](mailto:HIC@attorneygeneral.gov). For further information on the home improvement law visit [www.attorneygeneral.gov](http://www.attorneygeneral.gov).

*Kathleen G. Kane*  
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.

COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

THIS IS TO CERTIFY THAT

MORVENT AIR CONDITIONING & HEATING, LLC  
1041 ANDREW DR.  
WEST CHESTER PA 19380

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR  
7/1/2017  
VALID UNTIL  
PA005261  
REGISTRATION NUMBER

*Kathleen G. Kane*  
Kathleen G. Kane, Pennsylvania Attorney General

# Commonwealth of Pennsylvania

## Office of Attorney General

THIS IS TO CERTIFY THAT

MORVENT AIR CONDITIONING & HEATING, LLC  
1041 ANDREW DR.  
WEST CHESTER PA 19380

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/1/2017  
VALID UNTIL

PA005261  
REGISTRATION NUMBER

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

*Kathleen G. Kane*  
KATHLEEN G. KANE, PENNSYLVANIA ATTORNEY GENERAL



# 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 holder in lieu of such endorsement(s).

PRODUCER THE PETERMAN GROUP 105 Montgomery Ave P.O. Box 249 Montgomeryville PA 18936	CONTACT NAME: Mary Schmidt	FAX (A/C. No.): (215) 853-3001	
	PHONE (A/C. No. Ext): (215) 853-3014	E-MAIL ADDRESS: mls@petermancompany.com	
INSURED Morvent Air Conditioning & Heating LLC dba MoreVent Heating Cooling & Plumbing 1041 Andrew Drive West Chester PA 19380	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Insurance Company		10677
	INSURER B: Cincinnati Casualty Company		28665
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPP 017 76 69	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
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			EBA 017 76 69	1/1/2016	1/1/2017	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EPP 017 76 69	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC 032684500	4/1/2015	4/1/2016	<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	LEASED/RENTED EQUIPMENT			EPP 017 76 69	1/1/2016	1/1/2017	LIMIT \$25,000

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

## CERTIFICATE HOLDER

(610) 971-0450

Radnor Township  
301 Iven Avenue  
Wayne, PA 19087

## CANCELLATION

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

© 1988-2014 ACORD CORPORATION. All rights reserved.