

Separate Permits Must Be Obtained For Sanitary Sewer Connections, Heating and Air Conditioning, Plumbing, Electrical, Opening Highways or Storing Material Thereon.

# RADNOR TOWNSHIP

## Community Development Department

### Application for Building Permit

Application No. \_\_\_\_\_  
 CO Appl. No. \_\_\_\_\_  
 Ward No. \_\_\_\_\_  
 Permit No. 7758  
 Plan No. \_\_\_\_\_  
 Fee 20.00

# FILE COPY

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) <u>143 Baracladen Rd</u>	(NO.)	(STREET)	ZONING DISTRICT
	BETWEEN _____	(CROSS STREET)	AND _____	(CROSS STREET)
	SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____

## II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Foundation only 7 <input type="checkbox"/> Other _____	<b>D. PROPOSED USE - For "Wrecking" most recent use</b> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Residential</b>            12 <input type="checkbox"/> One family            13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -            14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -            15 <input type="checkbox"/> Garage            16 <input type="checkbox"/> Carport            17 <input type="checkbox"/> Other - Specify _____         </td> <td style="width: 50%; vertical-align: top;"> <b>Nonresidential</b>            18 <input type="checkbox"/> Amusement, recreational            19 <input type="checkbox"/> Church, other religious            20 <input type="checkbox"/> Industrial            21 <input type="checkbox"/> Parking garage            22 <input type="checkbox"/> Service station, repair garage            23 <input type="checkbox"/> Hospital, institutional            24 <input type="checkbox"/> Office, bank, professional            25 <input type="checkbox"/> Public utility            26 <input type="checkbox"/> School, library, other educational            27 <input type="checkbox"/> Stores, mercantile            28 <input type="checkbox"/> Tanks, towers            29 <input type="checkbox"/> Other - Specify <u>tents</u> </td> </tr> </table>	<b>Residential</b> 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - - 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - - 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify <u>tents</u>
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			

<b>C. COST</b> 10. Cost of improvement..... \$ <u>604.00</u> To be installed but not included in the above cost a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT \$ <u>604.00</u>	(Omit cents) Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage lot, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____
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## III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft..... <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No	<b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms { Full..... Partial.....	


**IV. DESCRIPTION OF WORK**

5-23-02 Erect two tents (16 x 16 & 20 x 20) off  
back patio of residence for wedding reception on  
5-25-02 Tents to be removed 5-28-02

**V. IDENTIFICATION - To be completed by all applicants**

	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee	Galli	173 Baracladen Rd Rosemont, Pa	19010	
2. Contractor	Main Line Party Rentals	298 Hansen Access Rd King of Prussia, Pa	19420	
3. Architect or Engineer				

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Signature of applicant 	Address 298 Hansen Access Rd King of Prussia, Pa 19420	Application date
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**DO NOT WRITE BELOW THIS LINE**

**VIII. ZONING PLAN EXAMINERS NOTES**

DISTRICT
USE
FRONT YARD
SIDE YARD
REAR YARD
NOTES

These plans are approved subject to full compliance with all provisions of the Radnor Township Building Code. Any change in these plans from the original approval is not permitted unless permission is first secured from the Building Inspector.

Department of Community Development  
Approved Date \_\_\_\_\_ 19\_\_

Building Inspector

One set of approved plans must be kept at the building site, and shall be accessible at all times.

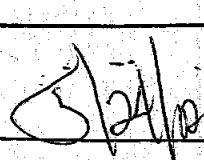
Permit No. \_\_\_\_\_ No. of Sheets \_\_\_\_\_

Plan Revisions

1. Date \_\_\_\_\_ Sheet No. \_\_\_\_\_

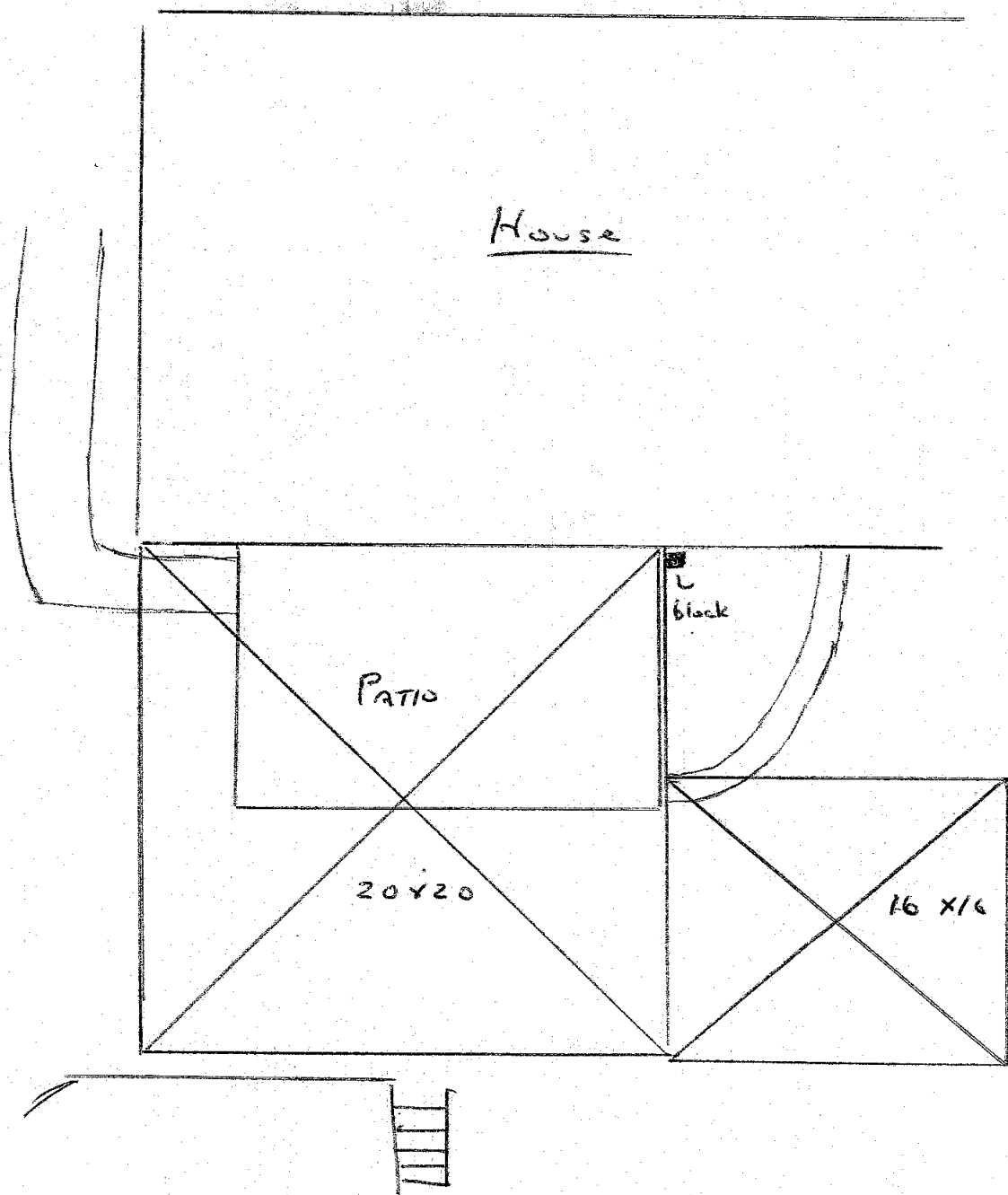
2. Date \_\_\_\_\_ Sheet No. \_\_\_\_\_

DATE APPROVED



TOWNSHIP OFFICIAL



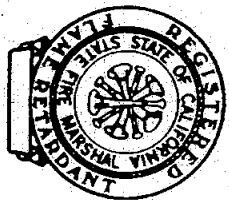


Galli  
143 Baracladen Rd.  
Rosemont Pa 19010

# Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

F121.4



ISSUED BY  
EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture	01/17/01
Order Number	332550

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

569900  
MAIN LINE PARTY RENTALS, INC.  
298 HANSEN  
ACCESS RD

KING OF PRUSSIA PA 194062424

JAN 27 2001

**Certification is hereby made that:**  
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.  
The method of the FR chemical application is:

Serial #:	8001500 (2)
Description of item certified:	FI TOP 20W X 20 VL W W  130431

**Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric**

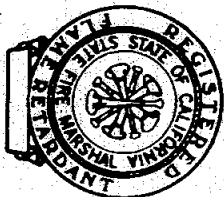
JOHN BOYLE STATESVILLE NC  
Name of Applicator of Flame Resistant Finish

Signed: *James D. Bruce*  
TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

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The method of the FR chemical application is:

Serial #: 8000900 (1)

Description of item certified:

FI TOP 16W X 16 VL W W

# 16

**Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE STATESVILLE NC

Name of Applicator of Flame Resistant Finish

Signed:

TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

**RADNOR TOWNSHIP**

301 Iven Avenue  
Wayne, PA 19087-5297  
(610) 688-5600

**RECEIPT**

**112846**

05/22/2002

DATE

01.320.022

BUILDING PERMIT APPLICATION NUMBER: BLDG007758 FOR LOCATION:  
143 BARCLADEN RD  
ROSEMONT PA 19010

\$20.00

CHECK NUMBER:

RADNOR TOWNSHIP  
PAID  
2002 MAY 22 PM 1:57



White - CUSTOMER COPY • Canary - DEPARTMENT COPY • Pink - BOOKKEEPING COPY • Goldenrod - TREASURER COPY