



301 Iven Avenue
Wayne, PA 19087
610-688-5600
610-971-0450

210798

RADNOR TOWNSHIP

**Community Development Department
Application for Building/Zoning Permit**

Permit No. _____

CO No. _____

Fee: _____

**Include \$4.50 PA Surcharge and \$2.00 Administrative fee.

Location of Building

Street Address: 143 Barcladen Rd. Bryn Mawr, PA. 19010 Zoning District: _____

Is property located in the Historic District Yes No

Is any part of project within the flood plain? Yes No

Will the flood plain be disturbed? Yes No

If yes, has relief been granted? Yes No

2 sets of Engineered or Architectural plans must be submitted with this application, unless not required by the Code Official. A CD containing the final building plans in either a .pdf or .tif format must be submitted before issuance of Certificate of Occupancy

Ownership

Private (individual, corporation, nonprofit, institutional, etc.) Public (Federal, State, or local government)

Type of Improvement

- New Building
- Addition
- Alteration
- Repair, replacement
- Demolition
- Foundation only
- Fence
- Garage
- Shed
- Interior Alteration
- Other _____

Proposed Use

Residential Non-Residential

Cost of Project

Building	\$12,235.00
Electrical	_____
Plumbing	_____
HVAC	_____
Sprinkler	_____
Other	_____
Total cost	\$12,235.00

Principal type of frame

Masonry Wood Frame Structural Steel Reinforced Concrete Other _____

Principal type of heating fuel

Gas Electricity Oil Coal Other _____

Type of sewage disposal

Public Private

Type of water supply

Private company Well

Type of mechanical

Air conditioning Elevator

Off-Street Parking Spaces

Enclosed _____
Outdoors _____

Residential Buildings Only

Number of Bedrooms _____
Number of Bathrooms Full _____
Partial _____

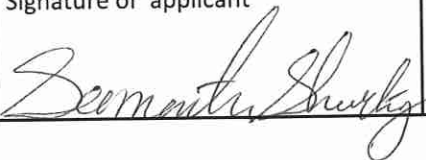
Dimensions

No. of Stories _____
Total Square Feet of floor area, all floors, based on exterior dimensions _____
Total land area _____

Radnor Township requires contractors submitting for building permits to submit ALL sub-contractors permit applications at the same time

PERMITS ARE NON-TRANSFERRABLE

DESCRIPTION OF WORK
Shingled roof replacement re-deck main & shingled roof replaced on detached shed. 32 sheets of 5/8" plywood, ice & water shield, synthetic felt, drip edge, ridge vent, step & counter flashings, pipe collars, bathroom vent

IDENTIFICATION—to be completed by all applicants		
Owner or Lessee Jane Galli	Telephone (610) 348-2524	
Mailing Address 143 Barcladen Rd. Bryn Mawr, PA. 19010		
Email Address jfgalli@yahoo.com	Cell Phone	
Contractor/Company Name McHugh Contracting	Telephone (484) 494-0245	
Mailing Address 545 Mildred Ave. Secane, PA. 19018	HIC# PA088296	
Email Address Samantha@mchughroofing.com	Cell Phone	
Architect/Engineer		Telephone
Mailing Address		
Email Address		Cell Phone
The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction. Please note: An incomplete application is subject to rejection.		
Signature of applicant 	Address 545 Mildred Ave. Secane, PA. 19018	Date 11/20/23

DO NOT WRITE BELOW THIS LINE

Township Official

Date Approved

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant McHugh Contracting LLC.

Federal or State Employers Identification No. 81-4107820

Applicant is a qualified self-insurer for workers' compensation.

Certificate Attached

Name Workers Compensation Insurer Frank Crum

Workers Compensation Insurance Policy No. WC PA 230172

Certificate Attached

Policy Expiration Date 01/01/2024

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20____

(Signature of Notary Public)

My commission expires: _____ (Seal)

Signature of applicant _____
Address _____

County of _____
Municipality of _____



ESTIMATE	#10259
ESTIMATE DATE	Oct 19, 2023
TOTAL	\$15,535.00

Jane Galli
 143 Barcladen Rd
 Bryn Mawr, PA 19010

CONTACT US
 545 Mildred Ave
 Secane, PA 19018

(610) 348-2524
 jfgalli@yahoo.com

(484) 494-0245
 Samantha@mchughroofing.com

Service completed by: Justin Killen

ESTIMATE

Shingled Roof Replacement (Re-Deck) 1.0 \$11,185.00

Tear off the entire roof down to the rafters
 Intall approx. 32 sheets of 5/8" CDX plywood
 Cedar is on top roof only, any additional plywood needed for lower front roof will be an additional \$110 per sheet.
 Install CertainTeed Winterguard ice and water on the bottom 3ft of the entire roof, in all valleys, along all walls, chimneys and vent pipes
 Install approx. 68ft of SmartVent on front and back gutter lines of upper roof.
 Install CertainTeed RoofRunner Synthetic Felt on the rest of the roof
 Install new aluminum drip edge
 Install CertainTeed Swiftstart starter shingles
 Install new CertainTeed Landmark PRO shingles approx. 13sq including 2 bundles of hips (Max Def PewterWood)
 Install CertainTeed filtered ridge vent approx. 32ft
 All walls and chimneys will be step flashed and counter flashed
 All vent pipes will receive new pipe collars
 Install new Broan Nu-Tone bathroom vent in black
 All trash and debris will be removed

Shingled Roof Replacement (Detached shed) 1.0 \$1,050.00

Tear off the entire roof down to the decking
 If any bad or rotted wood is found, it will be replaced at a cost of \$100 per sheet of plywood
 Install CertainTeed Winterguard ice and water on the entire roof
 Install CertainTeed RoofRunner Synthetic Felt on the rest of the roof
 Install new aluminum drip edge
 Install CertainTeed Swiftstart starter shingles
 Install new CertainTeed Landmark PRO shingles approx. 2sq including 2 bundles of hips



Install CertainTeed filtered ridge vent approx 12'
All trash and debris will be removed

Gutter Replacement	1.0	\$2,200.00
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Remove all existing gutters from (Entire home)
Install new 5" k-style seamless gutters (white) approx. 110ft
All gutters will be secured using hidden screw hangers
Install new downspouts and elbows (2x3")
All trash and debris will be removed

Note to Homeowner:
Homeowner is responsible for gutter cleaning maintenance. McHugh Roofing will not be responsible for any gutter issues caused by lack of maintenance.

Surflo Gutter Guards	1.0	\$1,100.00
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Install 110' of 5" Surflo Gutter Guards on entire home.

CertainTeed Landmark Pro Warranty

Upon Final Payment, Customer will be sent CertainTeed's Lifetime Integrity Roof System Warranty

Subtotal	\$15,535.00
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Total	\$15,535.00
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Moving Forward:

If you would like to move forward with your estimate please select the "approve" option. By selecting this option it will inform us that you would like to proceed. Shortly after approving, we will send you a "next steps" email, which will include what is needed in order to get your project in line to be scheduled.

Payment Terms:

Initial 50% deposit is due upon contract signing.

Remaining 50% is due upon completion of the job.

Checks Made Payable To:

McHugh Roofing

Mail Checks To:

McHugh Roofing

5 Mildred Ave

Secane, PA 19018

(Estimate valid for 30 days from date)

James F. Galli / Paul C. Galli

(Signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2023

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).

PRODUCER Lechner & Stauffer, Inc. P.O. Box 26 Pennsburg PA 18073	CONTACT NAME: Trisha Devine
	PHONE (A/C, No, Ext): 215-679-9568
INSURED McHugh Contracting, LLC 545 Mildred Ave Secane PA 19018	FAX (A/C, No):
	E-MAIL ADDRESS: devine.t@lechnerstauffer.com
License#: 0727475 MCHUCON-01	INSURER(S) AFFORDING COVERAGE
	INSURER A: Motorists Comm. Mutual Ins Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	NAIC # 13331

COVERAGES**CERTIFICATE NUMBER:** 2001296952**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:			5000174442	1/19/2023	1/19/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5000174442	1/19/2023	1/19/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

Radnor Township
 301 Iven Ave
 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/09/2023

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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).

PRODUCER FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME: PHONE (A/C, No, Ext): (800) 277-1620 X4800 FAX (A/C, No): (727) 797-0704		
	E-MAIL ADDRESS:		
INSURED FrankCrum 11, Inc. L/C/F McHugh Contracting, LLC 100 South Missouri Avenue Clearwater, FL 33756	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Frank Winston Crum Insurance Company		11600
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 1062120 **REVISION NUMBER:** 2


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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCPA230172	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

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

Effective 09/13/2017, coverage is for 100% of the employees of FrankCrum 11, Inc. leased to McHugh Contracting, LLC (Client) for whom the client is reporting hours to FrankCrum 11, Inc. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER**CANCELLATION**

Radnor Township 301 Iven Ave. 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 

Commonwealth of Pennsylvania
Office of Attorney General

THIS IS TO CERTIFY THAT

MCHUGH CONTRACTING
545 MILDRED AVE
SUITE 2
SECANE PA 19018

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

1/25/2024

VALID UNTIL

PA088296

REGISTRATION NUMBER



JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

PERMIT NO.

BLDG 215614

PERMIT



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

ISSUE DATE: 11/22/2023
PROPERTY ADDRESS: 143 BARCLADEN ROAD
PROPERTY OWNER: GALLI DAVID C &
CONTRACTOR: MCHUGH CONTRACTING
JOB DESCRIPTION: RESIDENTIAL ROOF
INSTALL NEW ROOF
PARCEL: 36070410600
ESTIMATED COST: \$12235
TOTAL FEE: \$266.50
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

Maryann Cassidy

From: noreply@radnor.org
Sent: Wednesday, November 22, 2023 12:18 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# 150146
RADNOR TOWNSHIP COMMUNITY DEVELOPMENT
301 IVEN AVENUE
WAYNE, PA 19087

DATE: 11/22/23 TIME: 12:17:39
CLERK: mcassidy DEPT:
CUSTOMER#: 20004093
CUSTOMER NAME: MCHUGH CONTRACTING
COMMENT:

CHARGES:		
416027 BUILDING PERMITS	BUILDING PERMITS	260.00
416026 UCC FEES	UCC FEES	4.50
416027 BUILDING PERMITS	BUILDING PERMITS	2.00

REFERENCE:

AMT TENDERED: 266.50
AMT APPLIED: 266.50
CHANGE: .00

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