

Prop	erty Information	Request Inform	ation	Update Information		
File#:	BS-X01798-9837542399	Requested Date:	11/22/2024	Update Requested:		
Owner:	DAVID C GALLI	Branch:		Requested By:		
Address 1:	143 BARCLADEN RD	Date Completed:	12/18/2024	Update Completed:		
Address 2:		# of Jurisdiction(s):				
City, State Zip	: BRYN MAWR, PA	# of Parcel(s):	1			

CODE VIOLATIONS

Per Township of Radnor Department of Zoning there are No Code Violation cases on this property.

Collector: Township of Radnor
Payable Address: 301 Iven Avenue Wayne, PA 19087
Business# 610 688-5600

PERMITS

Per Township of Radnor Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: Township of Radnor
Payable Address: 301 Iven Avenue Wayne, PA 19087
Business# 610 688-5600

SPECIAL ASSESSMENTS

Per Township of Radnor Department of Finance there are no Special Assessments/liens on the property.

Collector: Township of Radnor
Payable Address: 301 Iven Avenue Wayne, PA 19087

Period Address: 301 Iven Avenue Wayne, PA 19087

Business# 610 688-5600

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

DEMOLITION NO



UTILITIES WATER

Account #: NA Payment Status: NA Status: Pvt & Lienable

Amount: NA Good Thru: NA Account Active: Yes

Collector : Aqua America Pennsylvania

Payable Address: 762 West Lancaster Ave., Bryn Mawr, PA 19010

Business#: 877-987-2782

UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

SEWER

Account #: NA
Payment Status: NA
Status: Pvt & Lienable

Amount: NA Good Thru: NA Account Active: Yes

Collector: Radnor Township Finance Department Payable Address: 301 Iven Avenue Wayne, PA 19087

Business#: 610-688-5600

UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN





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 G		HDEN Wr. Pr		1.4	
Property Owner:	Name: Address/Z Phone:	Jane	GA1 BAKCLA	11		ngn Ma	ur-
Plumbing Contractor:		en the ip: 7 Chels b: 616 · 3:			9. Boot Email:	huyn Pr Emartin Ientupli	1900 e mbor.co
	ommercial teration	Institutio	onal	Other			
	Yard	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Total:
Water Closet							
Urinals	***************************************						
Bath Tubs			TW/HMafra		···		· · · · · · · · · · · · · · · · · · ·
Showers							
Sinks							
Garbage Disposal *							
Dishwasher *							
Utility Sink							
Auto Clothes Washer							
Sewer Ejector Pump *							
Hot Water Heater *							V-700-
Water Service *						20	
Sewer Connection*	14				CV		
Gas Fixtures *	· · · · · · · · · · · · · · · · · · ·			www.	Q	AN I	
Other	1-17-1	***************************************				Kan	gr.
					0	62/	
Total:	18.140.						
* Additional Fee Is connection to be made	with Sewer	Sc(□ On Site		and s	SPECIA	1Carm	
Size of House Drain of Bu		cu a	y Je he	,			
Size of Soil Pipe	411		Size of Vent	:Pipe 	<u> </u>		
All work, materials and of the Township of Rad required. Final inspecti	nor. Plumbin ions required	g inspections	require 24 h	nours notice r	ninimum. Ro I-TRANSFE	ough inspection	ng Codes ons



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

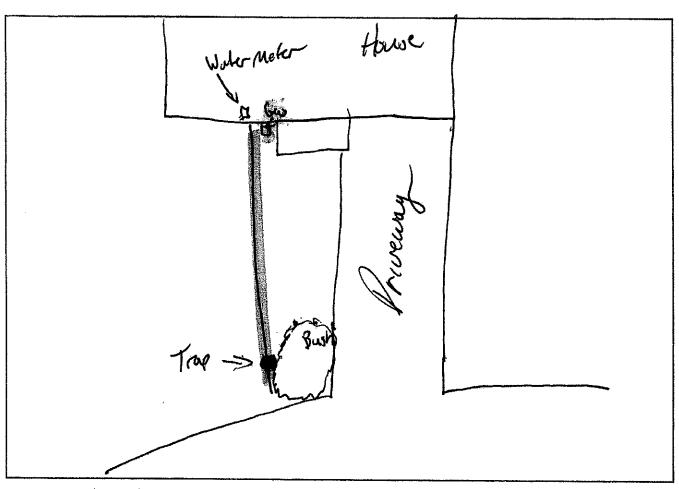
Fax: 410-247-9290 www.lentheplumber.com INVOICE # . 93016

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

OB NAME	 \	Sane	Gal	1,			
OB ADDRESS	143	Bar	clader	1	20	APT#	
Bry Bry		ant	STATE	P	A	ZIP	19010
IOME PHONE			CELL PHONE	610	5	27	-4986

BILLING NAME (IF DIFFERE	NT FROM JOB NAME)	·	
BILLING ADDRESS (IF DIFF	ERENT FROM JOB ADDRESS)	APT#	
CITY .	STATE	ZIP	
HOME PHONE	CELL PHONE		

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HOM	PHONE	CELL PHONE	10 52	7-4986		HOME PHONE	CELL PHONE		
	JOB SPECIFICATIONS HOME PHONE CELL PHONE CELL PHONE								
Le	n The Plumber w	ill obtain the required	l plumbing				ate and mark the utilities.		
		the sewer and;							
			5.1						
	Provide	proximately <u>/ O</u> cleanout(s) and he			<u> </u>		e/inside) sewer line with sch. 40	PVG.	
		to mounded machin				`	curb trap		
		paired pipe only, 5 y		menia biasire f	ground co	ver for apoli pile		\$ 6950	
X		approximately <u>60</u>					er line with sch. 40 PVC from he	ouse	
		municipal connection						-	
	Provide	cleanout(s) and ha					curb trap it req		
		to mounded machin nty on replaced pipe				ver for spoil pile		\$ 8560	
	Literino VVente	nty on replaced pipe	Olly, 10 y	odi dalibiolial	J.G.			<u> </u>	
	TRENCHLESS	PIPE-BURSTING OPT	ION +\$_	2,000.00				+\$	
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	nancing Availab	10							
l, 1	the undersigned	i, have read, agree	ed to, rece	oived a copy	of this co	ontract, and ha	ve authorized this work to be	e completed.	
I have also read the TERMS AND CONDITIONS on the back of this contract. Client Signature Print Client Name Tane F. Galli									
Employee Signature # Print Employee Name Gary Schannauer									
						_	leted to my <u>UTMOST SA</u>		
Cli	ent's Signature				Em;	oloyee Signature _			
듗	CI CASH CI CHECK	DRIVER LICENSE #				ST.	ATE DATE OF BIRT	н	
PAYMENT	CI CAEDIT CARD	CREDIT CARD #				CR	EDIT CARD EXPIRATION DATE		
ď	☐ FINANCE	AUTHORIZING MANAGER			·				
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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 44 Sewer Material CF Depth at start 9FF Depth at end Manhole Depth	Water Pipe Size Water Material Accessible Valve Water (Location) Debris haul?
Order Number <u>793016</u> Cu	stomer Jane Galli Date 11/16/20

Public Utilities		Private Utilitie	es (if any)
Gas <u>Close</u>	1 ~	Irrigation	
Electric OVEN	/ R	Electric	
FIOS OKC	head	Gas	
Other	<u> </u>		
Access to dig location? IE i	Fencing, retaining wall, t	rees, neighbor's ya	rd, etc.
Ø	i	<i>I</i> ₂ 1	1.
Bu	h Close in	two loc	olvons
Parking for equipment? IE (front street, back yard, a	round the corner,	etc.
	1. 1.		
5	treet		
Room for safe excavation/s	spoils pile? IE size of varo	d, guide wires for te	elephone poles. etc.
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Reason for replacement	Break		
•	utas. IF ramova and haul	buch gravel for dr	iveway, sidewalk removal, e
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Pemnire	Bush bu	Street	
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Include minimum of 3 pict	ures with every scope s	ubmission; picture	
Include minimum of 3 pict	ures with every scope s	ubmission; picture	of entire excavation area for ation termination with land
Include minimum of 3 pict	ures with every scope s excavation with landman	ubmission; picture k, picture of excav	ation termination with land

LENTHEP-01

JARCHIBALD

DATE (MIN/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS BELOW. THIS CERTIFICATE OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSOCIATED OF INSURANCE MEGATIVELY AMEND.

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CANCELLATION CANCELLATION	زے,	RTIFICATE HOLDER				CANCI	ELLATION			***************************************		
Township of Radnor 301 Iven Avenue Wayne, PA 19887 SHOULD ANY OF THE ABOVE DESCRIBED POLICY FROM THE EXPIRATION DATE THEREOF, NOTIC ACCORDANCE WITH THE POLICY PROVISIONS.	301 Iven Avenue									S BE CA WILL B	NCELL. E DEL	ED BEFORE IVERED IN
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ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

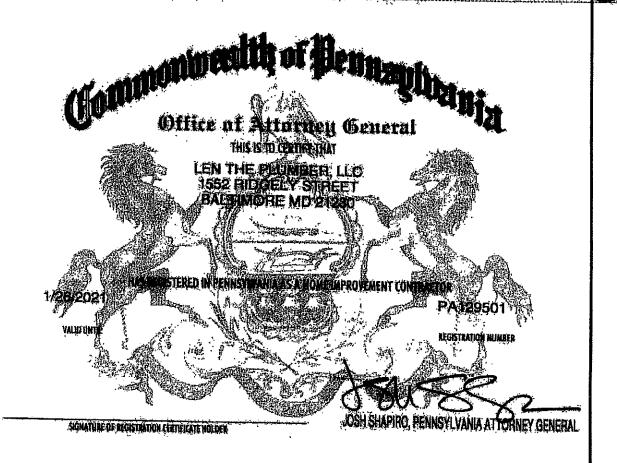
Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

If you have any questions or have changes to the information you provided on your registration form, contact the Pennsylvania Office of Aftorney General at 717-772-2425 or HIC@attomeygeneral.gov. For further information on the home improvement law visit www.attomeygeneral.gov.

Insh Shapiro, Pennsylvania Attanty General

LEONARD H BUSH 1552 RIDGELY ST BALTIMORE MD 21230-2013 This farm acknowledges receipt of your \$50:00 application fee, required under Pennsylvania's Floine Improvemen

Consumer Protection Act. Please beep this form the your receipt.



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

DEPT: COMMUNITY DEVELOPMENT

CUSTOMER#: 20003711

CUSTOMER NAME: LEN THE PLUMBER LLC

COMMENT:

CHARGES:

416026 UCC FEES 416027 BUILDING PERMITS 416032 PLUMBING PERMITS

2.00

150.00

4.50

REFERENCE:

AMT TENDERED: AMT APPLIED:

156.50 156.50

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



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
Ī	Permit No.
	Fee \$ 66
-	**Include \$4.00 PA Surcharge

Web 1/7/16 Clase

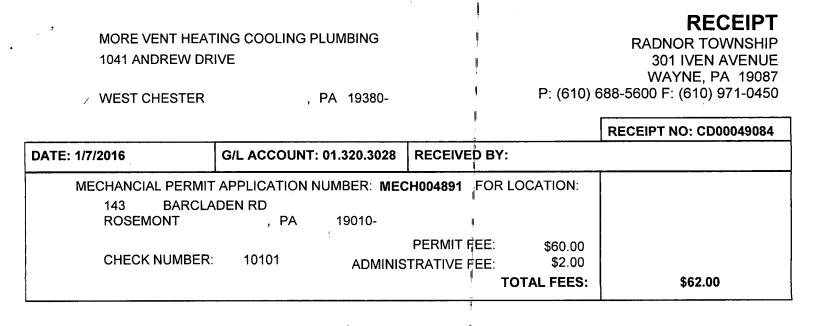
*	,
Job Location:	Address: 143 Barcladen Rd
	Name: Jane Galli
Property Owner:	Address/Zip: 143 Barcladen Rd.
	Phone 60-687-3145 Fax: Email:
	Name: Morevent Heating Cooling Plumbing Address/Zip: 10 91 Andrew Drive PA 19380
Mechanical Contractor:	Address/Zip: 10 91 1100000 171000 171000 171000 171000 171000 171000 171000 171000 171000 171000 171000 171000 171000 171000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 1710000 1710000 1710000 1710000 1710000 1710000 1710000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 17100000 171000000 17100000 17100000 17100000 171000000 171000000 171000000 171000000 171000000 171000000 171000000 171000000 1710000000 1710000000 1710000000 17100000000
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	HEATING M
	unal Bas Cost of Installation
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	AIR CONDITIONING
Capacity of Unit (BTU's) Input Cost of Installation
Distance from property lir	ne
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 inal inspections required for ALL permits. PERMITS ARE NOT TRANSFERABLE Current Registration No.
J. J	Odneni Negistration No.

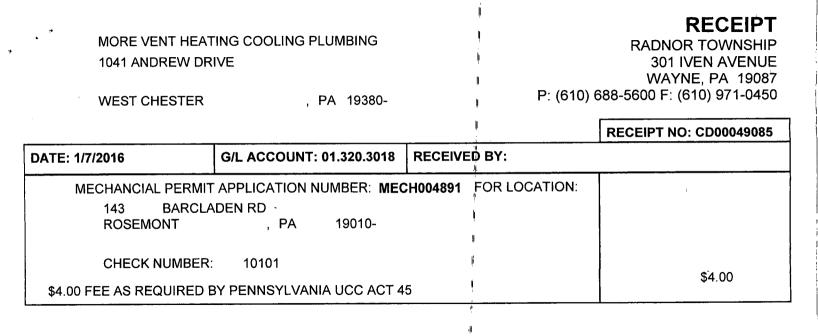
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Address 143 BARCLAON RD.	THY ROSEMONT STAKE CE			
Home Phono (610) 527 4986 Mobile (6(0) 348252f Wirk()			
Township or Borough RADNAR TWP 1	mail degallie reces			
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M.C. Andrew Drive West Chester PA	the state of the s			
	19380 • Contractor #PA005261			





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

Business Name: Morevent teating Cooling HUMBING
Owners Name: MARCO GIANCROEE
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 @moreventservices. Con
Type of Business:Individual ProprietorshipPartnership Corporation
Public Liability Insurance Carrier: The Cincinati 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: I mehr lluggnob 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. For further information on the home improvement law visit www.attorneygeneral.gov.

Kathleen G. Kane, Pennsylvania Attorney General

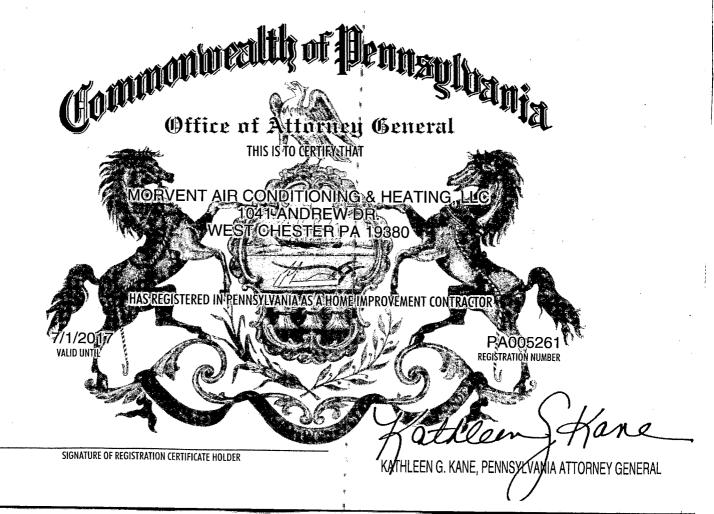


MARCO GIANCROCE 1041 ANDREW DR

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 fieu of such endorsement(s).		
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	1 F
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 LLC	INSURER C:	
dba MoreVent Heating Cooling & Plumbing	INSURER D:	
1041 Andrew Drive	INSURER E:	
West Chester PA 19380	INSURER F:	
ACCUSED A CEC.	DCT 1512409906 * DEVICION NUMBER:	

COVERAGES

CERTIFICATE NUMBER: CL1512408896

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				4		EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR				1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
		St. This		İ	EPP 017 76 69	1/1/2016	1/1/2017	MED EXP (Any one person)	\$	10,000
			ŀ			ļ		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		İ				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)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR				i		EACH OCCURRENCE	\$	2,000,000
A		EXCESS LIAB CLAIMS-MADE				"		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)			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
						ı,				

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 Mary Solmes				

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

38 Ceel

39 Other - Specify

RADNOR TOWNSHIP

Application No.

CO Appl. No. _ Community Development Department

Application for Building Permit

Ward No. Permit No.

Plan No.

Full.....

Partial

St. Number of

bathrooms

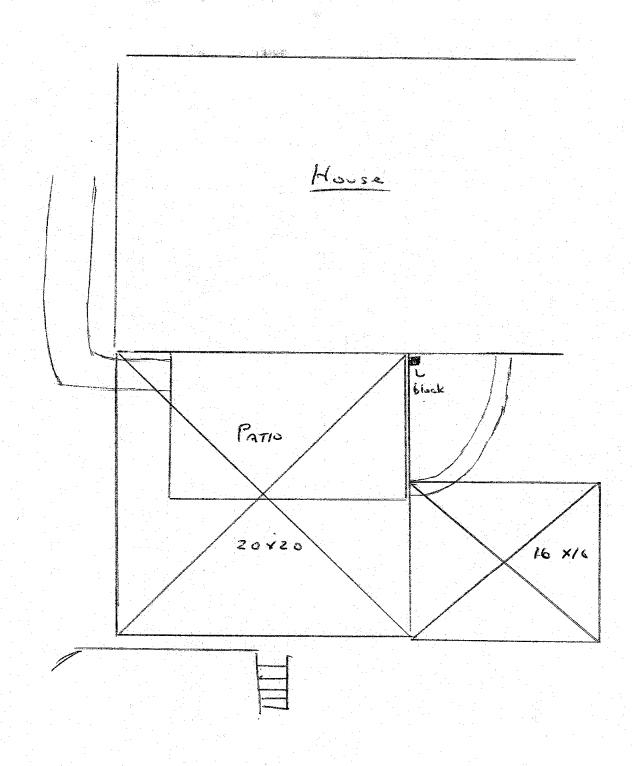
FLE COPY Thereon. Fee IMPORTANT - Applicant to complete all items in sections: 1, 11, 111, 1V, and IX. Baracladen AT TLOCATIONS DISTRICT LOCATION DETWEEK ICROSS STREET! BUILDING ICROSS STREET SUBDIVISION. LOT_ BLOCK II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D A. TYPE OF IMPROVEMENT D. PROPOSED USE - For "Wrecking" most recent use . 1 New building Residential **Honresidential** 2 Addition[1] residential, enter number 12 Doe femily 18 Amusement, recreational of new bousing units added, if any, 13 🔃 Two or more lamily — Enter in Part D. 13) Church, other religious number of units - - - -20 Industrial 3 Alteration (See 2 above) 14 Transient hotel, motel, . 4 Repair, replacement 21 [Perking gorage or dormitory - Enter number 5 Weeking (If multifamily residential, Service station, topoir garage of units -enter number of units in building in 15 Garage Hospital, institutional Feet D. 131 24 Office, bonk, professional 16 Carpert 6 Foundation only Public willing 17 Other - Specify. 7 Other _ School, library, other advicational B. OWNERSHIP Z7 Stores, morcentile Tonks, sowers 8 Private (individual, corporation, 25 [ents nonpolit institution, etc.) 29 Other - Specify Public (Fodorel, State, or local government) C. COST (Omit cents) Honrasidantial - Doscribe in detail proposed use of buildings, a.g., food processing plant, machine shop, laundry building at hospital, elementary 604,00 10. Cost of improvement school, secondary school, collage, perochiel school, perking garage for, department store, rental affice building, affice building at industrial plant, If use of existing building is boing changed, enter proposed use. To be installed but not included in the above cost e. Electrical..... b. Plumbing c, Heating, oir conditioning.... J. Other followeter, etc.)..... 11. TOTAL COST OF IMPROVEMENT 15 604,00 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. E. PRINCIPAL TYPE OF FRAME G. TYPE OF SEWAGE DISPOSAL J. DIMENSIONS 46. Humber of steries 30 Mesony (well beering) 40 Public or private company 31 Wood frome 49. Tatal square feet of floor area. 41 Private (captic tank, atc.) ill floors, based on exterior 32 Structural steel dimensions 33 Reinferced concrete H. TYPE OF WATER SUPPLY 50. Total land area, sq. ft. 34 🔲 Other - Specify 42 Public of private company K. NUMBER OF OFF-STREET 43 Private (well, clatern) PARKING SPACES F. PRINCIPAL TYPE OF HEATING FUEL 1. TYPE OF MECHANICAL St. Enclosed 35 🔲 6.. Will there be central air SZ. Outdoors..... 36 Oii conditioning? L. RESIDENTIAL BUILDINGS ONLY 37 Electricity 44 🔲 Y.. 45 🔲 N. 53. Number of bedrooms.

Will there be an elevator?

47 Na

46 🔲 Y..

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V. IDE	NTIFICATION - To be con	notated by all coalings		<u> </u>
	Nome 10 De Con			
<u></u>		Mailing address - Number, street, city, and State	ZIP code	Tel. N
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. 45544		Rosemonb, Pa	19010	4.5
.	Main Line Panta Rentals	248 Hansen Access Rd		
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		Nite of the constant of the co		
rchitect or				144 B. 144
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he owne	r of this building and the und	Addes		ation date
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Galli 143 Baracladen Rd. Rosemont Pa 19010

APPLICATION REGISTERED NUMBER

F121.4



SSUED BY lame Kesistance

EVANSVILLE, INDIANA 47711

INDUSTRIES INC.

Date of Manufacture 01/17/01

Order Number

TENT PRODUCTS DESCRIBED HEREIN MANUFACTURERS OF THE FINISHED

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

298 HANSEN MAIN LINE PARTY RENTALS, INC

ACCESS RD

KING OF PRUSSIA PA 194062424

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: Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved

Description of item certified Serial #: 8001500 (2) FI TOP 20W X 20 VL W W . , W 0 L W

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

JOHN BOYLE STATESVILLE NO

Name of Applicator of Flame Resistant Finish

ग्रानामान्य ।

Signed:

TENT DEPARTMENT—ANCHOR INDUSTRIES INC

APPLICATION REGISTERED NUMBER

F121.4

SSUED BY annelgigane am

Date of Manufacture

INDUSTRIES INC

Order Number

01/17/01

332550

EVANSVILLE, INDIANA 47711

TENT PRODUCTS DESCRIBED HEREIN MANUFACTURERS OF THE FINISHED

(or are inherently noninflammable) and were supplied to: 6 certify that the materials described have been flame-retardant treated

298 HANSEN MAIN LINE PARTY RENTALS, INC.

ACCESS RD

KING OF PRUSSIA PA 194062424

Certification is hereby made that:

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 articles described on this Certificate have been treated with a flame-retardant approved The method of the FR chemical application is:

Serial #:

Description of item certified:

8000900 (1)

FI TOP 16W X 16 VL W W

#

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

JOHN BOYLE STATESVILLE NO

Name of Applicator of Flame Resistant Finish

Signed:

mes

TENT DEPARTMENT—ANCHOR INDUSTRIES INC

RADNOR TOWNSHIP

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

RECEIPT

112846

	j	05/22/2002	DATE
		01.320.022	
BUILDING PERMIT APPLICATIO 143 BARCLADEN RD ROSEMONT , PA		FOR LOCATION:	
CHECK NUMBER:			\$20.00
	BYTCHCK TOWNSHIP		
	C:1 M3 72 XW 70	07.	

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



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 P/	A Surcharge and \$2.00

Location of Building				
Street Address: 143 Barcladen Rd. Bryn Maw	r, PA. 19010	Zoning District:		
Is propety located in the Historic District Yes No	Is any part of project with	nin the flood plain? Yes No 🗸		
Will the flood plain be distrurbed? Yes No	If yes, has relief been gran	nted? Yes No		
2 sets of Engineered or Architectural plans must be su	- bmitted with this application, unless	not required by the Code Official. A CD		
containing the final building plans in either a .pdf or .t				
Ownership				
Private (individual, corporation, nonprofit, institution		ederal, State, or local government)		
Type of Improvement	Proposed Use			
New Building	Residential	□ Non-Residential		
Addition	Cost of Project			
Alteration		\$12,235.00		
Repair, replacement	Building	ψ12,200.00		
Demolition	Electrical			
Foundation only	Plumbing			
Fence	Sprinkler	-		
Garage	Other			
Shed				
Interior Alteration	Total cost	\$12,235.00		
Other				
Principal type of frame				
☐ Masonry ☐ Wood Frame ☐ Structural Ste	eel	□ Other		
Principal type of heating fuel				
☐ Gas ☐ Electricity ☐ Oil	□ Coal □ Other _			
Type of sewage disposal Type of water supply	Type of mechanical	# Off-Street Parking Spaces		
☐ Public ☐ Private ☐ Private company	☐ Well ☐ Air conditioning ☐	Elevator Coutdoors Coutdoors		
	mensions			
W ACCENT OF STATE OF	o. of Stories	le de la contra dinamenta de la contra del contra de la contra del la contra del la contra del la contra del la contra del la contra de la contra del la contra de		
	otal Square Feet of floor area, all floor	s, pased on exterior dimensions		
Partial To	otal land area			

DESCRIPTION OF WORK								
Shingled roof replac	ement re-deck main & shi	ngled 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								
	-11							
IDENTIFICATION—to be completed by	all applicants							
Owner or Lessee Jane Galli		Telephone (610) 348-2524						
Mailing Address 143 Barcladen Rd. Bryn Mawr, PA. 1901	0							
Email Address jfgalli@yahoo.com		Cell Phone						
Contractor/Company Name McHugh Contracting		Telephone (484) 494-0245						
Mailing Address 545 Mildred Ave. Secane, PA. 19018		PA088296						
Email Address Samantha@mchughroofing.com		Cell Phone						
Architect/Engineer		Telephone						
Mailing Address								
Email Address		Cell Phone						
The owner of this building and the unincomplete application is subject to re	ndersigned agree to conform to all applicable laws	of this jurisdiction. Please note: An						
Signature of applicant	Address 545 Mildred Ave. Secane, PA. 19018	Date						
Seemonthy Shurks		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 Pennsylv	vania Workers' Compensation Law
Yes	No
If the answer is "yes", complete Sections B and	C below as appropriate.
B. Insurance Information Name of Applicant CO	ontracting LLC.
Federal or State Employers Identification No	81-4107828
Applicant is a qualified self-insurer for works Certificate Attached	ers' compensation.
Name Workers Compensation Insurer	unk Crum
Workers Compensation Insurance Po	olicy No. <u>LXPA230172</u>
Policy Expiration Date 61	2024
C. Exemption Complete Section C if the applicant is a cont	
workers' compensation insurance.	ractor claiming exemption from providing
workers' compensation insurance. The undersigned swears or affirms that he/sh pensation insurance under the provisions of Pennsylv of the following reasons, as indicated:	e is not required to provide workers' com-
The undersigned swears or affirms that he/sh pensation insurance under the provisions of Pennsylv of the following reasons, as indicated:	tor prohibited by law from employing any
The undersigned swears or affirms that he/sh pensation insurance under the provisions of Pennsylv of the following reasons, as indicated: Contractor with no employees. Contracting individual to perform work pursuant to this had a second contraction.	the is not required to provide workers' com- vania Workers' Compensation Law for one tor prohibited by law from employing any building permit unless contractor provides
The undersigned swears or affirms that he/sh pensation insurance under the provisions of Pennsylv of the following reasons, as indicated: Contractor with no employees. Contractor individual to perform work pursuant to this be proof of insurance to the Township. Religious exemption under the Workers	the is not required to provide workers' com- vania Workers' Compensation Law for one tor prohibited by law from employing any building permit unless contractor provides 'Compensation Law.
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#10259 **ESTIMATE** Oct 19, 2023 **ESTIMATE DATE** TOTAL \$15,535.00

Jane Galli 143 Barcladen Rd Bryn Mawr, PA 19010 CONTACT US 545 Mildred Ave

Secane, PA 19018

(610) 348-2524 ifgalli@yahoo.com

(484) 494-0245

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)

\$1,050.00 1.0

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



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

Gutter Replacement

1.0

\$2,200.00

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

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

Total

\$15,535.00

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)

(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.

lf th	SUBROGATION IS WAIVED, subject to s certificate does not confer rights to	to the	e teri certif	ms and conditions of th ficate holder in lieu of sເ	ıch end	orsement(s)	•	equire an endorsement.	A 3141	omone on
PROD	UCER				NAME:	Trisha Devi	ne	LEAV		
Lec	hner & Stauffer, Inc.				PHONE (A/C, No, Ext): 215-679-9568 FAX (A/C, No):					
	. Box 26 Insburg PA 18073				E-MAIL ADDRESS: devine.t@lechnerstauffer.com					
rei	inspury PA 10075							DING COVERAGE		NAIC#
				License#: 0727475	INSURF	RA: Motorists				13331
INSU	RED	-		MCHUCON-01	INSURE		Control of the Contro			
Mc	Hugh Contracting, LLC				INSURE					
545	Mildred Ave				7					
Sec	cane PA 19018				INSURE					
					INSURE					
		-1-1-		NUMBER, 2004206050	INSURE	KF:		REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	.,,,,,,		5000174442		1/19/2023	1/19/2024		\$ 1,000,	000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00
	OD MINO-MINOL 1							MED EXP (Any one person)	\$ 10,000)
								PERSONAL & ADV INJURY	\$ 1,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,	000
	PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000	000
									\$	
	OTHER: AUTOMOBILE LIABILITY			5000174442		1/19/2023	1/19/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	000
Α	The same of the sa			0000117772		11 - 525 77 5 57 5	SECTION AND THE POPULATION OF	BODILY INJURY (Per person)	\$	
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
			-					EACH OCCURRENCE	\$	
	UMBRELLA LIAB OCCUR							AGGREGATE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							PER OTH- STATUTE ER	Ÿ	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								\$	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requir	red)		
				10						
ب	DTIEICATE UOI DED	_			CAN	CELLATION				
CE	RTIFICATE HOLDER				SH	OULD ANY OF	THE ABOVE I	DESCRIBED POLICIES BE C	ANCEL BE DE	LED BEFOR
	Radnor Township				AC	CORDANCEW	ITH THE POLI	CY PROVISIONS.		
	301 Iven Ave				AUTH	ORIZED REPRES	ENTATIVE			

Wayne PA 19087



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2023

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.

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).

WAIV	ED, subject to the terms and conditions of cate holder in lieu of such endorsement(of the p	olicy, o	certain policies may	require an er	ndorsement. A st	atement on this	certificate does not confer	rights to the
PRODUCER FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue					CONTACT NAME:				
					PHONE (A/C, No, Ext): (800) 277-1620 X4800 FAX (A/C, No): (727) 797-0704				
					E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE N				
Clearwater, FL 33756					INSURER A: Frank Winston Crum Insurance Company				11600
NSURED					INSURER B:				
INSURED					INSURER C:				
					INSURER D:				
FrankCrum 11, Inc. L/C/F McHugh Contracting, LLC					INSURER E:				
100 South Missouri Avenue Clearwater, FL 33756					INSURER F:				
COVERAGES CERTIFICATE NUMBER					1062120 REVISION NUMBER:				
TH NO PE	IS IS TO CERTIFY THAT THE POLICIES OF INSU TWITHSTANDING ANY REQUIREMENT, TERM O RTAIN, THE INSURANCE AFFORDED BY THE P Y HAVE BEEN REDUCED BY PAID CLAIMS.	RANCE OR CON	LISTED	BELOW HAVE BEEN IS	OTHER DOCU	MENT WITH RESPE	CT TO WHICH TH	IS CERTIFICATE MAY BE ISSUE	D OR MAY TS SHOWN
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMB	BER POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	POLICY PROJECT LOC							PRODUCTS-COMP/OP AGG	S
	OTHER:							COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY							(Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$
	ONLY AUTOS ONLY								\$
	UMBRELLA LIAB OCCUR							EACH OCURRENCE	s
								AGGREGATE	s
	DED RETENTION \$	1						AGGREGATE	s
				17.0 May 27.0 mg/s		04/04/2005	04/04/0004	PER STATUTE OTH-	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCPA2301	0172	01/01/2023	01/01/2024	X FERGIATOTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	10000000						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								V/
			-					E.L. DISEASE-POLICY LIMIT	\$1,000,000
	-								
DESCI	 RIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES /A	CORD 10	1 Additional Pemarks	Schodule may	he attached if more	snace is required	0	
Effec	tive 09/13/2017, coverage is for 100%	of the	emplo	vees of FrankCrum	11 Inc lea	sed to McHuah	Contracting, L	., LC (Client) for whom the o	lient is reporting
hours	to FrankCrum 11, Inc. Coverage is no	ot exte	nded to	statutory employe	es.		3,	,	
110010	to final moral manage is the			,					
CERT	IFICATE HOLDER				CANCE	LLATION			
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE				
					TO REAL PROPERTY AND A STORY OF THE PROPERTY AND A STORY O				
Radnor Township					AUTHORIZED REPRESENTATIVE				
301 Iven Ave.					AUTHORIZED REPRESENTATIVE				
Wayne, PA 19087									

Children at Address of Seneral this is to center that

MCHUGH CONTRACTING 545 MILDRED AVE SUITE 2 SECANE PA 19018

THE PROPERTY OF THE PERMISYLVANDA AS A HOME IMPROVEMENT CONTRACTOR

1/25/2024 3440 Hitti

151

PA088296

REGISTRATICAL HUMBER

SIGNATURE OF REGIST 2. VIION CERTIFICATE NOLDER

JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL



PERMIT

PERMIT NO.

BLDG 215614

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.