



Property Information		Request Information		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	

Notes

- 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
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

202121



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

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 BARCLADEN RD.
Bryn Maur, PA. 19010

Property Owner: Name: Jane GALLI
Address/Zip: 143 BARCLADEN RD Bryn Maur.
Phone: 610-27-4986 Fax: _____ Email: _____

Plumbing Contractor: Name: Len the Plumber
Address/Zip: 7 Chelsea PKwy Ste. 709. Boothwyn PA 19061
Phone: 610-616-3377 Fax: _____ Email: lplumber@earthlink.net

Residential Commercial Institutional Other
New Work Alteration

	Yard	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Total:
Water Closet							
Urinals							
Bath Tubs							
Showers							
Sinks							
Garbage Disposal *							
Dishwasher *							
Utility Sink							
Auto Clothes Washer							
Sewer Ejector Pump *							
Hot Water Heater *							
Water Service *							
Sewer Connection*							
Gas Fixtures *							
Other							
Total:	<u>8.160</u>						

closed
01/05/22

* Additional Fee See Attached Specification

Is connection to be made with Sewer On Site

Size of House Drain of Building See attached

Size of Soil Pipe 4" Size of Vent Pipe 4"

All work, materials and construction to be in accordance with the rules and regulations of the Plumbing Codes of the Township of Radnor. Plumbing inspections require 24 hours notice minimum. Rough inspections required. Final inspections required for ALL permits. PERMITS ARE NON-TRANSFERABLE

Signature of (Master) Plumber Len the Plumber Current Registration No. PA 129501



LUMBING • DRAINS • WATER HEATERS

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

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

INVOICE #	793016
DATE	11/16/20
REFERRING TECH	S Hushce

JOB NAME	Jane Galli
JOB ADDRESS	143 Barcladen Rd APT#
CITY	Bryn Mawr STATE PA ZIP 19010
HOME PHONE	CELL PHONE 610 527-4986

BILLING NAME (IF DIFFERENT FROM JOB NAME)		
BILLING ADDRESS (IF DIFFERENT FROM JOB ADDRESS)	APT#	
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	

JOB SPECIFICATIONS

Len The Plumber will obtain the required plumbing permits and contract Miss Utility to locate and mark the utilities.
Excavate to expose the sewer and;

REPAIR up to approximately 10 ft in length 9 ft. in depth of existing (outside/inside) sewer line with sch. 40 PVC.
Provide 1 cleanout(s) and have local jurisdiction inspect as required. curb trap
Backfill trench to mounded machine grade utilizing plastic ground cover for spoil pile.
Warranty on repaired pipe only, 5 years. **\$ 6950**

REPLACE up to approximately 60 ft. in length, 9 ft. in depth of existing sewer line with sch. 40 PVC from house connection to municipal connection. Inside approximately X ft. in length, X ft. in depth.
Provide 1 cleanout(s) and have local jurisdiction inspect as required. curb trap if req
Backfill trench to mounded machine grade utilizing plastic ground cover for spoil pile.
Lifetime Warranty on replaced pipe only, 10 year transferrable. **\$ 8560**

- TRENCHLESS PIPE-BURSTING OPTION +\$ 2,000.00 +\$ _____
- WATER SERVICE ADD ON +\$ 1,500.00 +\$ _____
- MISC ADD ON +\$ _____ +\$ _____

Discount Drain Clean - \$400

pd. \$2760 cc #649822

TOTAL \$ 8160

DEPOSIT \$ 2760

BALANCE DUE UPON COMPLETION \$ 5400

Financing Available

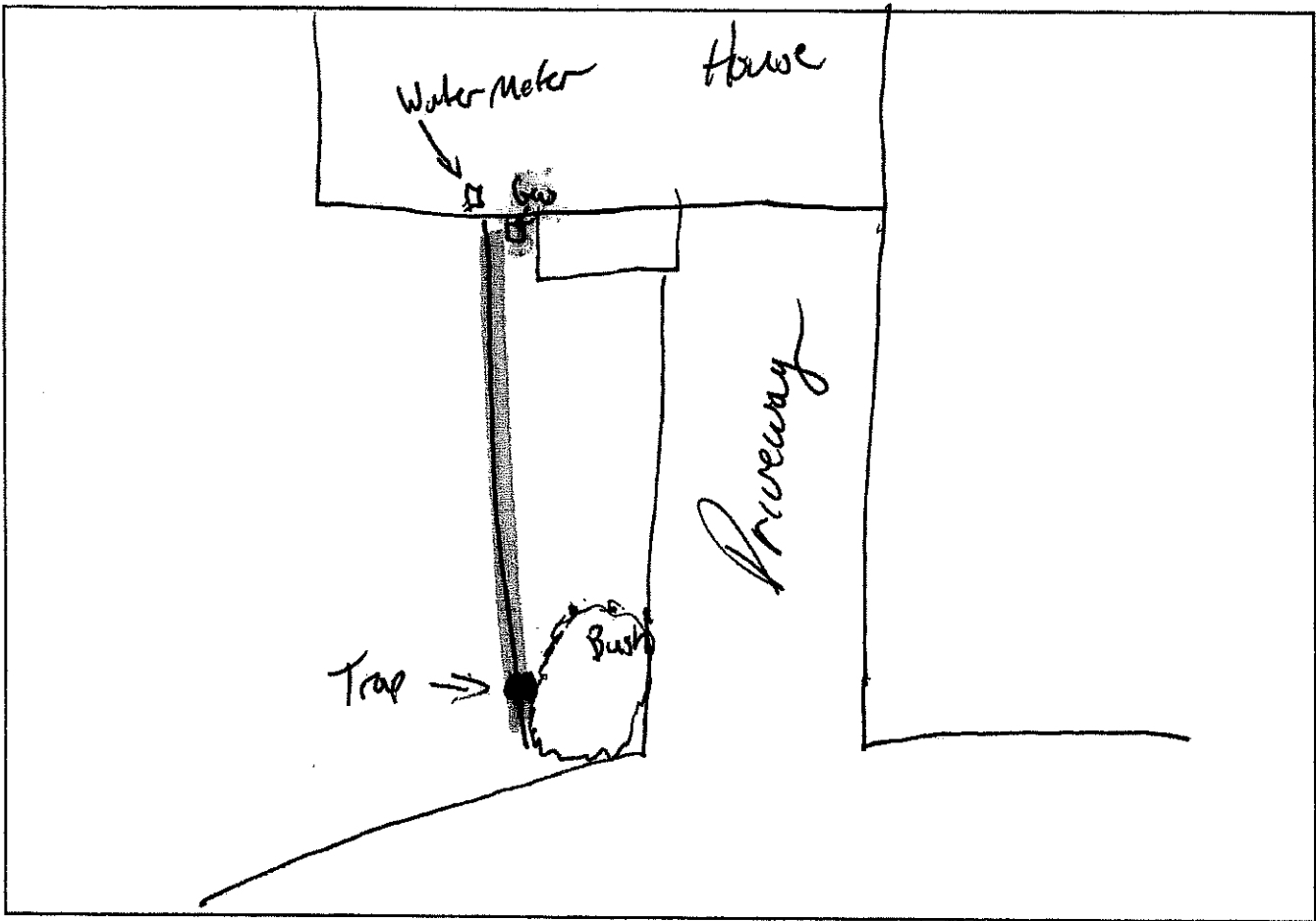
I, the undersigned, have read, agreed to, received a copy of this contract, and have authorized this work to be completed. I have also read the **TERMS AND CONDITIONS** on the back of this contract.

Client Signature Jane F. Galli Print Client Name X Jane F. Galli
 Employee Signature [Signature] Print Employee Name Gary Schannauer

I, the undersigned, acknowledge that the work above has been completed to my **UTMOST SATISFACTION.**

Client's Signature _____ Employee Signature _____

PAYMENT	<input type="checkbox"/> CASH	DRIVER LICENSE # _____	STATE _____	DATE OF BIRTH _____
	<input type="checkbox"/> CHECK	CREDIT CARD # _____	CREDIT CARD EXPIRATION DATE _____	
	<input type="checkbox"/> CREDIT CARD	AUTHORIZING MANAGER _____		
	<input type="checkbox"/> BILL			
<input type="checkbox"/> FINANCE				



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 4"
 Sewer Material CF
 Depth at start 9 FT
 Depth at end 9 FT 6"
 Manhole Depth _____

Water Pipe Size 3/4"
 Water Material Copper
 Accessible Valve Yes
 Water (Location) w/ sewer
 Debris haul? No

Order Number 793016 Customer Jane Galli Date 11/16/20

Public Utilities

Gas close
Electric overhead near
FIOS overhead
Other ∞

Private Utilities (if any)

Irrigation ∞
Electric ∞
Gas ∞

Access to dig location? IE Fencing, retaining wall, trees, neighbor's yard, etc.

Bush Close in two locations

Parking for equipment? IE front street, back yard, around the corner, etc.

street

Room for safe excavation/spoils pile? IE size of yard, guide wires for telephone poles, etc.

yes

Reason for replacement

Break

Special Requests/Other Notes- IE remove and haul bush, gravel for driveway, sidewalk removal, etc.

Remove Bush by Street

IF necessary

Include minimum of 3 pictures with every scope submission; picture of entire excavation area from street, picture of start of excavation with landmark, picture of excavation termination with landmark

Order Number 793016

Customer Jane Galli

Date 11/16/20



LENTHEP-01

JARCHIBALD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/9/2020

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 R&A INSURANCE, INC. EP III Suite 1102 11350 McCormick Road Hunt Valley, MD 21031	CONTACT NAME: PHONE (A/C, No, Ext): (410) 833-7666 FAX (A/C, No): (410) 833-3564 EMAIL ADDRESS: certificates@rarisk.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Len The Plumber LLC Len The Plumber Inc, Len Bush 1552 Ridgely Street Baltimore, MD 21230	INSURER A: Erie Insurance Exchange	NAIC # 26271
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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.

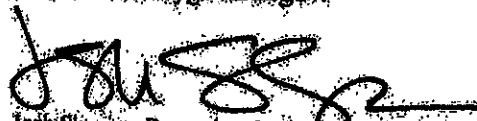
INSR LTR	TYPE OF INSURANCE	ADDL INSR	RISR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER:			Q48-1450422	12/14/2019	12/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q12-1440022	12/14/2019	12/14/2020	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 RETENTION \$			Q36-1470201	12/14/2019	12/14/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q96-6480028	12/14/2019	12/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Business Auto			Q12-1440040	12/14/2019	12/14/2020	Liability \$ 1,000,000
A	Business Auto			Q12-1440039	12/14/2019	12/14/2020	Liability \$ 1,000,000

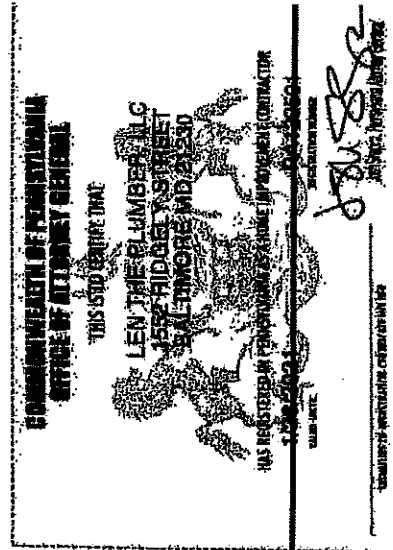
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Type of Insurance: Workers Comp for Delaware
 Policy #R2WGC011683 - (Amguard Insurance Company)
 Eff Date: 02/01/2019 Exp Date: 02/01/2020
 Limits:
 E.L. Each Accident: \$500,000
 E.L. Disease - Ea Employee: \$500,000
 E.L. Disease - Policy Limit: \$500,000

CERTIFICATE HOLDER Township of Radnor 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 

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.


Josh Shapiro, Pennsylvania Attorney General



LEONARD H BUSH
1552 RIDGELY ST
BALTIMORE MD 21230-2013

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

LEN THE PLUMBER, LLC
1552 RIDGELY STREET
BALTIMORE MD 21230

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

1/26/2021

VALID UNTIL

PA129501

REGISTRATION NUMBER


JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

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 DEVELOPMENT
CUSTOMER#: 20003711
CUSTOMER NAME: LEN THE PLUMBER LLC
COMMENT:

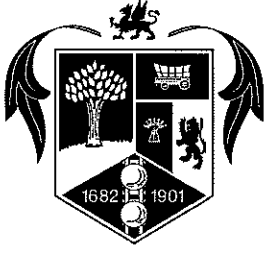
CHARGES:	
416026 UCC FEES	4.50
416027 BUILDING PERMITS	2.00
416032 PLUMBING PERMITS	150.00

REFERENCE:

AMT TENDERED:	156.50
AMT APPLIED:	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

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

WSP 1/7/16 Cheryl

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@moisvent.com
 Existing Outdoor Model: _____ Existing Indoor Model: 1051a

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
<input type="checkbox"/> Geothermal- Closed- Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED: (This will be required to pay all contract with a hard part)
<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 Filter	<input type="checkbox"/> Bioforce Defender	<input type="checkbox"/> Active BioForce	<input type="checkbox"/> HEPA	Other _____	<input checked="" type="checkbox"/> New Return Vent (per our design)	<input type="checkbox"/> Variable Speed Drive Fan Motor
<input type="checkbox"/> Refrigeration Copper Tubing	<input type="checkbox"/> Condensate Drain Piping	<input type="checkbox"/> Condensate Pump/Drain	<input type="checkbox"/> Ceiling Saver Kit - Pan & Switch	<input type="checkbox"/> Permit/Code Compliance	<input type="checkbox"/> New Supply Vent (per our design)	<input type="checkbox"/> Boilers - Condensate _____
<input type="checkbox"/> Outdoor Safety Disconnect	<input type="checkbox"/> Surge Protection	<input type="checkbox"/> QC Inspection Check	<input type="checkbox"/> Air Zoning System	<input type="checkbox"/> Sound Barrier on Vents	<input type="checkbox"/> Easy Access Air Filter	<input type="checkbox"/> Oil to Gas Conversion _____
<input type="checkbox"/> Refrigerant per Clean Air Act					<input type="checkbox"/> Custom Ductwork	<input type="checkbox"/> New Gas Line _____
<input type="checkbox"/> New wire & Circuit from Existing Panel					<input type="checkbox"/> Check & Reseal leaks in Ductwork	<input type="checkbox"/> Dual-Flush Toilet _____
<input type="checkbox"/> New Equipment Pad					<input type="checkbox"/> Air Zoning System	<input type="checkbox"/> Sound Barrier on Vents

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.
 Applicant: David C. Galli Date 1/6/16
 Contractor: David C. Galli Date 1/6/2016
 System: 1051a 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: 610-588-1847
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. For further information on the home improvement law visit 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
PA005261
REGISTRATION NUMBER
Kathleen G. Kane
Kathleen G. Kane, Pennsylvania Attorney General

Commonwealth of Pennsylvania

Office of Attorney General

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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	
	PHONE (A/C. No. Ext): (215) 853-3014 FAX (A/C. No.): (215) 853-3001 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:	

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			EPP 017 76 69	1/1/2016	1/1/2017	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COM/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			EBA 017 76 69	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EPP 017 76 69	1/1/2016	1/1/2017	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EWC 032684500	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

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RADNOR TOWNSHIP

Community Development Department

Application for Building Permit

FILE COPY

Application No. _____
 CO Appl. No. _____
 Ward No. _____
 Permit No. 7758
 Plan No. _____
 Fee 20.00

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

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

I. LOCATION OF BUILDING	AT (LOCATION) <u>143</u> <u>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

A. TYPE OF IMPROVEMENT 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 _____	D. PROPOSED USE - For "Wrecking" most recent use <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 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;"> Nonresidential 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>	Residential 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 _____	Nonresidential 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>
Residential 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 _____	Nonresidential 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>		
B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			

C. COST 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. _____ _____ _____
--	---

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 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 _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48. Number of stories..... _____ 49. Total square feet of floor area, all floors, based on exterior dimensions..... _____ 50. Total land area, sq. ft. _____ K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed..... _____ 52. Outdoors..... _____ L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms..... _____ 54. Number of bathrooms { Full..... _____ Partial..... _____
F. PRINCIPAL TYPE OF HEATING FUEL 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 _____	I. TYPE OF MECHANICAL 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	


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
--	--	------------------

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.

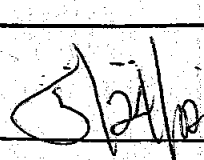
Permit No. _____ No. of Sheets _____

Plan Revisions

1. Date _____ Sheet No. _____

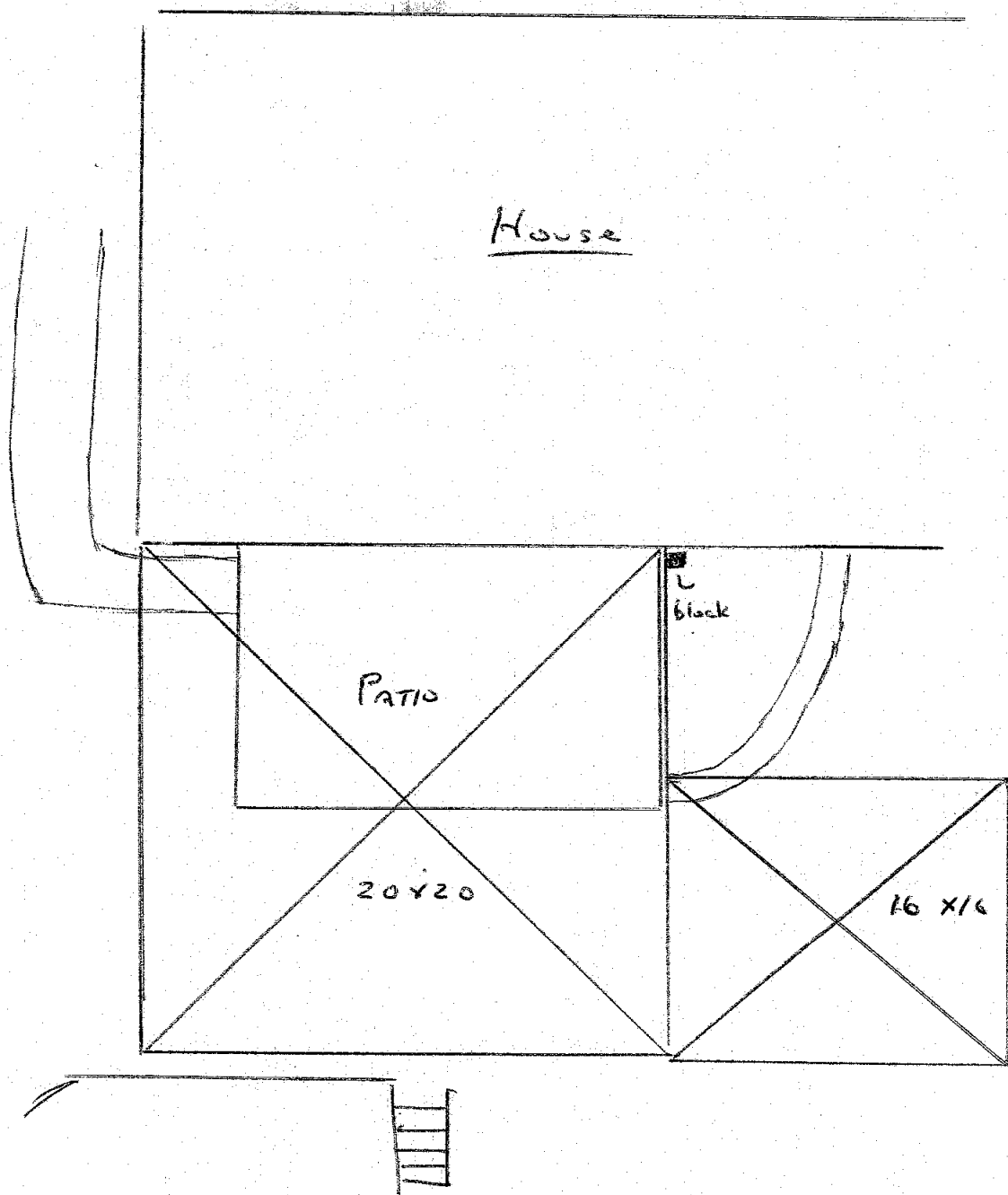
2. Date _____ Sheet No. _____

DATE APPROVED



TOWNSHIP OFFICIAL



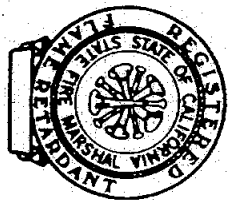


Galli
143 Baracladen Rd.
Rosemont Pa 19010

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

F121.4



ISSUED BY
ANCHOR
INDUSTRIES INC.

EVANSVILLE, INDIANA 47714

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

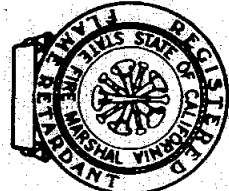
JOHN BOYLE STATESVILLE NC
Name of Applicator of Flame Resistant Finish

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

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 #:	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: *James D. Pruner*
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



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 distrurbed? 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 _____

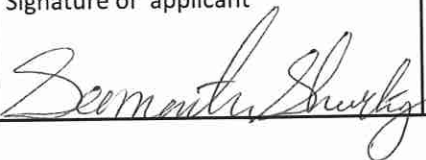
Total Square Feet of floor area, all floors, based on exterior dimensions

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
--------------------	-----	------------

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)

James F. Galli / Paul C. Galli

(Signature)



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.

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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
INSURED FrankCrum 11, Inc. L/C/F McHugh Contracting, LLC 100 South Missouri Avenue Clearwater, FL 33756	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Frank Winston Crum Insurance Company
	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	X PER STATUTE	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 KOCHANOSKI, 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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