

# Plumbing- Residential **Newtown Township**

## 209 Bishop Hollow Road Newtown Square, PA 19073

Phone:610-356-0200 Fax

## **Department Use Only**

Permit #: 21-0830

Approved Date: 12/09/2021

Twp Review: Yes

Job Site Information	Owner Information
Address: 510 GUINEVERE DR	Name: HUGHES DEWAYNE A &
City: Newtown Square State: PA	Address: 510 GUINEVERE DR
Zone:	City/State/Zip: NEWTOWN SQUARE PA 19073
Subdivision:	Telephone:
Parcel/Block/Unit/Lot: 30-00-01087-55 :)	Lot Size:
Applicant Information	Contractor Information
Name: HUGHES DEWAYNE A &	Name: 1-800-HEATERS Inc
Address: 510 GUINEVERE DR	Address: 2 Gourmet Ln
City/State/Zip: NEWTOWN SQUARE PA 19073	City/State/Zip: Edison NJ 08837
Telephone:	Telephone: 732-471-0099 x105
Construction Type: Land Use:	Use Group: Building Use:

The issuance of this permit requires you to comply with all provisions as set forth in the Pennsylvania Uniform Construction Code and the current Township building, plumbing, mechanical, energy, electrical and fire prevention codes and any applicable Land Development or Subdivision plan requirements from which this lot was created to include but not limited to soil erosion controls, storm water management, grading plan, monument placing and all other details of the Land Development / Subdivision plan.

- 1, All applicable inspections must be called for with a minimum of 24 hours notice to the permit department. To schedule inspections for both Residential and Commercial permits, please call: Electrical (610) 565-0789 Fire (610) 365-2969 Building Plumbing HVAC Permits 1(800) 732-2551.
- 2. Approved plans must be retained on the job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made.
- 3. Work shall not proceed until the inspector has approved the various stages of construction.
- 4. Any deviation from the Approved plans must be approved by the Building Code Official before proceeding with the work.
- 5. This permit shall be considered cancelled if active work is not commenced within a period of six months of the date of its issue or if work on the operation ceases for a continuous period of 180 days.

D	es	crip	tioi	of '	W	orl	<b>(</b> :
---	----	------	------	------	---	-----	------------

**Project Cost:** 

RESIDENTIAL; 50 GALLON HOT WATER TANK

Permit Fees										
Description	Units	Cost @	Unit of Measure	Sum						
L&I Fee				4.50						
Plan Review- residential				100.00CR						
Hot water heater				75.00						



NEWTOWN TOWNSHIP

DEC 9, '21 15:28 RECEIUED

Signature:	Grand Total: 20.50CR
	Cash Chk # Paid:
Date: 12/9/202/ U	Receipt #



# Newtown Township Codes Department 209 Bishop Hollow Road Newtown Square, PA 19073 610-356-0200

# **Required Residential Inspections**

Permit Number21-0830 Contractor: 1-800-HEATERS Inc Site Address 510 GUINEVERE DR
Contact #:

\*\*\* It is the responsibility of the person doing the work to call in to schedule an inspection.\*\*\*

\* \* \* Inspections \* \*

1. Curbs/Sidewalk both prepour & Call for inspection 610-356-0200 x110 final 2. Site Inspection Call for inspection 610-356-0200 x147 3. Footings Call for inspection 1-800-732-2551 4. Foundation Call for inspection 1-800-732-2551 5. Damp Proof & Backfill Call for inspection 1-800-732-2551 6. Rough-ins: Call for inspection 1-800-732-2551 a. Electrical rough-in Call for inspection 610-565-0789 b. Fire Suppression rough-in Call for inspection 610-356-2969 c. Framing rough-in and fire stop Call for inspection 1-800-732-2551 d. Mechanical and/or plumbing rough-in Call for inspection 1-800-732-2551 7. Insulation Call for inspection 1-800-732-2551 8. Sheetrock/Drywall Call for inspection 1-800-732-2551 9. Electrical Final Call for inspection 610-565-0789 10. Fire Suppression Final Call for inspection 610-356-2969 11. Final Inspection Call for inspection 1-800-732-2551

### **Additional Comments:**





# Mechanical/Electrical/Plumbing Permit

Permit # <u>21-0</u>	830
Date Issued:	12/9/2021
Ву:	2/

	<b>Ճ</b> Plumbing
Work Site Location: 510 Guinevere Dr. Newton Square PA 19073Tax	Parcel #: 30-00-010 \$755
Phone Phone Print Hughes	A copy of the contractor insurance certificate or waiver and a
Primary Contractor: 1800 HEATERS INC	copy of the PA AG license must be included with the permit
PA AG#: 05 7842 Exp: 11/03/2021	application. No applications will be reviewed without this information included with the permit application.
Address: 2 GOURMET LANE UNITG, EDISON NJ 08837	
Phone (732)417-0099 x 105 Fax: (732) 417-0695	Insurance Certificate included? ☒ Yes ☐ No
Email: FERMITS @1800HEATERS. COM	Copy of PA AG license included? ☑ Yes ☐ No
Type of Work: ☐ Mechanical ☐ Electrical ☐ Plumbing	If your project requires multiple contractors, please include the
Construction Characteristics:	"Permit Contractor List Form" with your permit application,
Use Group: Present Proposed  Construction Class: Present Proposed	along with insurance certificates or waivers and a copy of PA AG licenses for all contractors included in the project.
	Addl Contractor sheet included? ☐ Yes ☐ No
Is the Building Equipment to be located outside of the REQUIRED building setbacks?☐ Yes ☐ No	Addit Contractor sheet included? L. Yes L. No
Mechanical (check all that apply): □New □ Conversion □ Replacement □Gas □Oil	I hereby certify that I am the (agent of) owner of record and am
□Solar □ Electric □ Hydronic □Forced Air □Other	authorized to make this application and perform the work listed
Plumbing (check all that apply): Building Sewer Size Water Service Size	on this Application. Also, I acknowledge I am responsible for
□Public Sewer □Private Septic □ HOA Septic □Public Water □ Private Well	scheduling all required inspections of work
Plans Submitted: □Yes □No Specs Submitted: □ Yes □No	Signature:
Other Permits submitted associated with the project (check all that apply):	Applicant/Contractor Date  (MARK McCLAIN)
	( MARK MCCLAIN)
Description of Market	
WATER HEATER REPLACEMENT: (1) 50 gal gas	
	Completed by Township
	Electrical:
Total Cost of Work for each subtype (completed by Contractor):	Mechanical:
Electrical: \$	Plumbing:
Mechanical: \$	L&I Fee:
Plumbing: \$ 1915	Total all Permits: \$ NEWTOWN TOWNSHIP
Comments from Code Dept:	RECEIVED



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MH/DD/YYYY) 03/30/2021

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).

	no certanoste doco not contes rights to	titio u	COR CES	icate notice) in nea or such								
1	DUCER				CONTA NAME:		nes					
1	obson, Goldfarb & Scott, Inc				PHONE	(077) E	47-4671	FAX (AUC, No)	(732)	334-0233		
	Crawfords Comer Road				AIC. No. Extl: (677) 547-4671 (AC. No): (732) 834-0233 E-MAIL ADDRESS: ajones@igsinsurance.com							
	1300				INSURER(S) AFFORDING COVERAGE							
Hol	mdel			NJ 07733-1978	INSURE	NAIC# 42900						
INSU	RED				INSURE	11030						
	1 800 Heaters Inc.				INSURE	RC:						
	2 Gourmet Lane, Unit-G				INSURE							
1					INSURE							
	Edison			NJ 08837	INSURE							
				NUMBER: CL213292275	6			REVISION NUMBER:				
Τ	HIS IS TO CERTIFY THAT THE POLICIES OF	INSURA	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE DOLLOW OF	RIOD			
113	idicated. Notwithstanding any requi	REMEN	IT. TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	DOMEST STATE	ASTH DECDEOT TO MUICH	TLRE	(6		
E	ECTION OF SUCH POSTED OR MAY PERT. **CLUSIONS AND CONDITIONS OF SUCH PO	MIN, JH	E INS	BURANCE AFFORDED BY THE HTS SHOWN MAY HAVE REEN	POLICI REDITO	ES DESCRIBE	D HEREIN IS 8	UBJECT TO ALL THE TERM	S,			
INSR	TYPE OF INSURANCE	ADDUS	SUBR		1112000	POLICY EFF	POLICY EXP (MM/DD/YYYY)					
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVO	FOLICY NUMBER		(MM/DD/YYYY)	(MM/DDMYYY)	LIMI	, -	0.000		
	CLAIMS-MADE OCCUR						10	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00			
	No deductible			, TERM OR CONDITION OF ANY ( INSURANCE AFFORDED BY THE LIMITS SHOWN MAY HAVE BEEN BRI				PREMISES (Ea occurrence)	45.0	0,000		
A				MPA000000517841		09/06/2020	09/08/2021	MED EXP (Any one person)	\$ 15,0			
	GENLAGGREGATE LIMIT APPLIES PER			THE PERSON OF TH		VOINGIAUAU	UPIQUIZUZ 1	PERSONAL & ADV INJURY	0.00	0,000		
	PRO-							GENERAL AGGREGATE		0,000		
	POLICY JECT LOC			WI WI				PRODUCTS - COMPIOP AGG	-9	0,000		
	AUTOHOBILE LIABILITY		-					Employee Benefits	\$ 1,00			
	X ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0 000		
A	OWNED SCHEDULED			P. 4000000000000000000000000000000000000				BODILY INJURY (Per person)	\$			
M	AUTOS ONLY AUTOS NON-OWNED			BA00000051783L		09/06/2020	09/06/2021	BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY				1			PROPERTY DAMAGE (Per accident)	\$			
								Comp/Coll Deductible	\$ 500/	500		
٨	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	\$ 5.00	0,000,0		
A	EXCESS LIAB CLAIMS-MADE			CMB00000051782L		09/06/2020	09/06/2021	AGGREGATE	\$ 5.00	0,000,0		
	DED RETENTION \$ 0								s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE ER				
8	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		3102808239		03/30/2021	03/30/2022	E L EACH ACCIDENT	s 1,00	0,000		
-	(Mandatory in NH)		-	2140488744		WOLDDIEDK I	U3/30/2022	E.L. DISEASE - EA EMPLOYEE	s 1,00	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E L. DISEASE - POLICY LIMIT	5 1,00	0,000		
	1							THE PERSON NAMED IN COLUMN TO PARTY.	1			
- N						1				1		

CERTIFICATE HOLDER		CANCELLATION
Newtown Township 209 Bishop Hollow Road		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
Newtown Square	PA 19073	V- J Hosen

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



NJ MP Lic 12352 HIC 13VH05509300 PA MP Lic. 4558 HIC 057842 DE PL-0002307 2 Gournet Lane Unit H, Edison, NJ 08837

1800 500 6567

Date\_ TECH ECIC D

		FOLLOW UP REC	NOTES
Name Hughes			
Street 510 ouinevere DI		MEMICIAN TOW	1 4 50 7 1 111
	Zip <u>1907.3</u>	NOV 15, 121	14109
Phone		RECEIVED	
SERVICE			PRICE
Model Çhimney	None/elec Mason Direct/l	Power B Vent Indirect/none	
Serial #	Location Of Htr		
Tank Warranty Years	Type of Dwelling		
ADDITIONAL ITEMS			
5067721			1578
Xtanh 1			237
Pan 1			100
			***
		PERMITEHANDLING	104.50
		TOTAL	···
PAYMENT INFORMATION			
			7.5
Method Visa DL#			
Check or Card #	CCID/Routin	ng Exp.	
Check or Card #Amount Pald:\$C19150 Custom	CCID/Routin	efficie	
Check or Card #	ner X Kulling e amount collected you	will be credited or charged acc	
Check or Card #	CCID/Routing The X Kericking The amount collected your RED WORK LISTE L AND ALL RESP	will be credited or charged acc D BELOW THAT IS ONS+BILITY FOR ANY	cordingly.
Check or Card #	CCID/Routing THE X KATAMA  THE AMOUNT COLLECTED WORK LISTE  L AND ALL RESP  OR ANYONE DEE	will be credited or charged according to the second	cordingly.
Check or Card #	CCID/Routing THE X KATAMA  THE AMOUNT COLLECTED WORK LISTE  L AND ALL RESP  OR ANYONE DEEL  TO COLLECTED TO DAY I	will be credited or charged according to the credited or charged according to the constant of	cordingly.
Check or Card #	CCID/Routing THE X KATAMA  THE AMOUNT COLLECTED WORK LISTE  L AND ALL RESP  OR ANYONE DEEL  TO COLLECTED TO DAY I	will be credited or charged according to the credited or charged according to the constant of	cordingly.
Check or Card #	CCID/Routing THE X KATAMA  THE AMOUNT COLLECTED WORK LISTE  L AND ALL RESP  OR ANYONE DEEL  TO COLLECTED TO DAY I	will be credited or charged according to the credited or charged according to the constant of	Initial
Check or Card #	CCID/Routing THE X KATAMA  THE AMOUNT COLLECTED WORK LISTE  L AND ALL RESP  OR ANYONE DEEL  TO COLLECTED TO DAY I	will be credited or charged according to the credited or charged according to the constant of	ordingly.
Check or Card #	CCID/Routing The X KATAMA  THE AMOUNT COllected your  RED WORK LISTE  L AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  WINGSTRAND  MIGGSTRAND  WINGSTRAND	will be credited or charged account to be credited or charged account to be credited or charged account to be considered.  The considered or charged account to be considered account to be considered account to be considered.  The considered or charged account to be considered account to be consi	Initial  \$
Check or Card #	CCID/Routing The X KATAMA  THE AMOUNT COllected your  RED WORK LISTE  L AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  WINGSTRAND  MIGGSTRAND  WINGSTRAND	will be credited or charged according to the credited or charged according to the constant of	Initial  \$ \$ \$
Check or Card #	CCID/Routing The X KATAMA  THE AMOUNT COllected your  RED WORK LISTE  L AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  WINGSTRAND  MIGGSTRAND  WINGSTRAND	will be credited or charged account to be credited or charged account to be credited or charged account to be considered.  The considered or charged account to be considered account to be considered account to be considered.  The considered or charged account to be considered account to be consi	Initial  \$ \$ \$ \$ \$
Check or Card #	CCID/Routing The X KATAMA  THE AMOUNT COllected your  RED WORK LISTE  L AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  Y NOT BE COMPL  AND ALL RESP  OR ANYONE DEE  OVIDED TODAY IN  WINGSTRAND  MIGGSTRAND  WINGSTRAND	will be credited or charged account to be credited or charged account to be credited or charged account to be considered.  The considered or charged account to be considered account to be considered account to be considered.  The considered or charged account to be considered account to be consi	s s s s

Commonwealth of Pennsylvania
Office of Attorney General Office of Attorney General

THIS IS TO CERTIFY THAT

1 800 HEATERS INC. GOURMET LAN UNIT G & H EDISON NJ-0883

VALID UNT

PA057842

REGISTRATION NUMBER

JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL

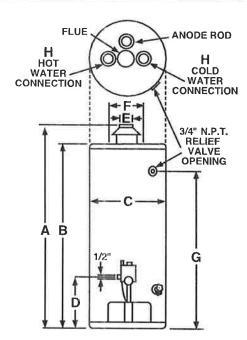


# PERFORMANCE **PLATINUM** High Efficiency Atmospheric Gas Specifications

Fuel Type	Description	Nominal Gallon Capacity	Rated Gallon Capacity	Model Number	Gas Input in Thous. Btu/h	Recovery in G.P.H. 90° F Rise	First Hour Delivery G.P.H.	Ht. to Vent A	Tank Height B	Diam. C	Ht. to Gas Conn. D	Vent Size E	Water Conn. Center F	Ht. to Side T&P Valve G	Water Conn. Size H	Ship Weight (LBS)	Uniform Energy Factor (UEF)
Natural Gan	Tall	55	55	XG55T12EC50U0	50	51	97	59-1/4	58	23-3/4	14-1/4	4	8	48-3/4	3/4	175	0,62
Natural Gas	Tall	50	48	XG50T12HE40U0	40	40.4	77	62-3/4	59-1/4	21-1/2	14	3 or 4	8	52-1/2	3/4	165	0,64
Natural Gas	Tall	40	38	XG40T12HE40U0	40	40_4	84	63-3/4	60-1/4	19-1/2	14	3 or 4	8	53-1/2	3/4	135	0,65
Natural Gas	Short	50	48	XG50S12HE40U0	40	40_4	86	54-1/4	51	23-3/4	14	3 or 4	8	44	3/4	165	0.64
Natural Gas	Short	40	39	XG40S12HE38U0	38	38,4	69	53-3/4	50-1/4	21-1/2	14	3	8	44	3/4	125	0.58
Liquid Propane	Tall	50	48	XP50T12HE36U0	36	36.4	77	62-3/4	59-1/4	21-1/2	14	3 or 4	8	52-1/2	3/4	165	0.64
Liquid Propane	Tall	40	38	XP40T12HE36U0	36	36.4	84	63-3/4	60-1/4	19-1/2	14	3 or 4	8	53-1/2	3/4	135	0.65
Liquid Propane	Short	40	39	XP40S12HE36U0	36	36,4	69	53-3/4	50-1/4	21-1/2	14	3	8	44	3/4	125	0.59

Uniform Energy Factor and rated gallon capacity based on Department of Energy (DOE) requirements,





MEWTOWN TOWNSHIP

NOV 15. 21 14:09 RECEIVED