

2019-37



pennsylvania

OFFICE OF OPEN RECORDS

RECEIVED

MAR 27 2019

CALN TWP
RTKO

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 3.27.19

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Department of Building and Life Safety, Caln Township
253 Municipal Drive, Thorndale, PA 19372

NAME OF REQUESTER: Kristin parker

STREET ADDRESS: 3311 Humpton Road

CITY/STATE/COUNTY/ZIP(Required): Thorndale, PA 19372

TELEPHONE (Optional): [REDACTED] EMAIL (optional): [REDACTED]

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

All inspection reports completed during the 2018 renovations of 3311 Humpton Road, Thorndale, PA 19372. There were inspections for the entire renovation process, including, but not limited to, the kitchen and HVAC.

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER: A. Swan

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY: 3/27/19

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 4/3/19

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*



B6696

BUILDING PERMIT APPLICATION

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DEC 20 2017

CODES DEPARTMENT
CALN TOWNSHIP

B

Address 3311 Humpton Rd Subdivision _____ Lot # _____ Zoning Dist. B

Building Improvement New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Deck /Ramp <input type="checkbox"/> Demolition <input type="checkbox"/> Driveway <input type="checkbox"/> Fire Protection <input type="checkbox"/> Sprinkler/Alarm <input type="checkbox"/> Hot Tub <input type="checkbox"/> Tenant fit-out <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Shed (>1000 sq. ft.) <input type="checkbox"/> Tank <input type="checkbox"/> Other (Sign) <input type="checkbox"/>	IDENTIFICATION – To be completed by all applicants OWNER Name: <u>Michael & Kristin Parker</u> Address: <u>3311 Humpton Rd</u> <u>Inverdale PA 19372</u> Phone # _____ Email: _____		Date: <u>12/20/17</u> Job Cost: <u>15,000</u>
	Home Improvement Contractor # <u>PA076560</u> Expiration Date: <u>3/3/2018</u> Name: <u>Balla Custom Services</u> Address: <u>45 Kirby St</u> <u>Coatesville PA 19380</u> Phone #: <u>484-786-9897</u> Email: <u>brent@ballacustomservices.com</u>		Sewage Disposal Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Water Supply Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Type of Construction IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VB <input type="checkbox"/> VA <input type="checkbox"/>
Residential Location: _____ Commercial Location: _____		Site located in Flood Area Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Submit floor plan showing Location w/clearances & material types /Mechanical Central AC? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>N/A</u> Will there be an Elevator? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>N/A</u>		Residential Building Area: # of Stories <u>2</u> Basement <u>N/A Slab</u> Garage <u>400</u> 1 st . Floor <u>1000</u> 2 nd . Floor <u>1000</u> Total Habitable Space <u>2400</u>	
Type of Heating Fuel Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/>		Commercial Projects: Use Group _____ Classification _____ Occupancy _____ Load _____ Sprinkler Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residential Bldg. Only # Bedrooms <u>4</u> # Bathrooms <u>2.5</u>		Commercial Bldg. Only # Bedrooms _____ # Bathrooms _____	
Lot Area _____ sq.ft. Building Coverage _____ sq.ft. Total Impervious Coverage _____ sq.ft.		# Off Street Parking Spaces <u>2-3</u>	

SIGNATURE OF APPLICANT: Brent Balla DATE: 12/20/17

DESCRIPTION /COMMERCIAL ACTIVITIES Kitchen Remodel

EMAIL ADDRESS brent@ballacustomservices.com

Under the provisions of Ordinance No. 2013-03, you may be entitled to a property tax exemption on your contemplated alteration or new construction. An application for exemption may be secured from the Code Enforcement office & must be filed with the Township at the time a building permit is secured.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Permit # B6696 Approved By: [Signature] Permit Fee: 250.00 Date Issued: DEC 21 2017

REMARKS: \$250.00 12/24/17 check



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2017

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 Arthur Hall Insurance 101 East Chestnut Street P.O. Box 512 West Chester PA 19381-0512	CONTACT NAME: Jonathan Koegel, CISR PHONE (A/C, No, Ext): (610)696-2394 E-MAIL ADDRESS: jkoegel@arthurhall.com	FAX (A/C, No): (610)436-9675
	INSURER(S) AFFORDING COVERAGE	
INSURED Balla Custom Services, LLC 45 Kirby Street Coatesville PA 19320	INSURER A: Mutual Benefit Insurance Co. NAIC # 14664	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** MASTER CERT 2017-2018 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AC00926288	03/07/2017	03/07/2018	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000					
		MED EXP (Any one person)	\$ 10,000					
		PERSONAL & ADV INJURY	\$ 1,000,000					
		GENERAL AGGREGATE	\$ 2,000,000					
		PRODUCTS - COMP/OP AGG	\$ 2,000,000					
			\$					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY			BA00926288	03/07/2017	03/07/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)	\$					
		BODILY INJURY (Per accident)	\$					
		PROPERTY DAMAGE (Per accident)	\$					
		Underinsured motorist	\$					
			\$					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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DEC 20 2017

**CODES DEPARTMENT
CALN TOWNSHIP**

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

CERTIFICATE HOLDER

CANCELLATION

Caln Township 253 Municipal Drive Thorndale PA 19372	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

BALLCUS-01

DATE (MM/DD/YYYY)
12/18/2017

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 AP Intego Insurance Group, LLC 1601 Trapelo Rd. Suite 174 Waltham, MA 02451	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: support@apintego.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		
INSURER A: Guard Insurance Group***			NAIC # 25844
INSURED Ball Custom Services LLC 45 Kirby Street Coatesville, PA 19320	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 INSD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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	Y/N	N/A	BAWC675619	10/30/2017	10/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT E.L. DISEASE - EAEMPLOYEE E.L. DISEASE - POLICY LIMIT	 \$ 100,000 \$ 100,000 \$ 500,000

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

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DEC 20 2017

**CODES DEPARTMENT
CALN TOWNSHIP****CERTIFICATE HOLDER****CANCELLATION**
Calm Township
253 Municipal Drive
Thorndale, PA 19372

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

Caln Township

253 Municipal Drive
Thorndale, PA
19372



Applicant
Michael & Kristin Parker
3311 Humpton Road
Thorndale, PA
19372

Property Owner
III ROBINSON
3311 HUMPTON RD
THORNDALE, PA
19372

Site Location
3311 HUMPTON RD

Reference
B-6696

Invoice Date
12/20/2017

Fee Code	Quantity	Description	Unit Price	Per	Total
01-10-362-410	1	To existing residential living space. This includes 1 building code review, up to 4 inspections, and U&O certificate.	\$250.00	minimum	\$250.00

Subtotal \$250.00

Payment Date	Check Number	Payment Amount
12/20/2017	6124	\$250.00

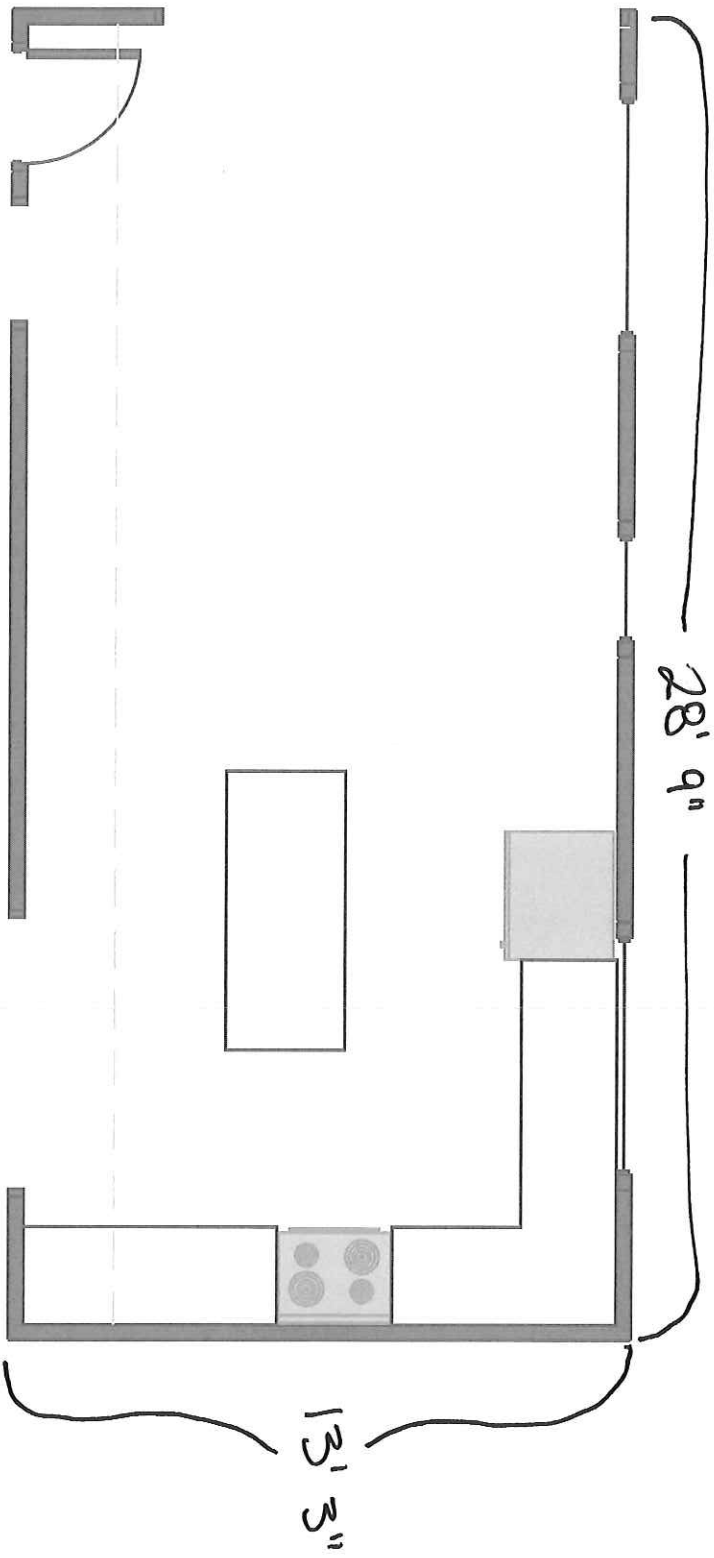
Total Paid \$250.00

Total Balance \$0.00

Thank You !

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CODES DEPARTMENT
CALN TOWNSHIP

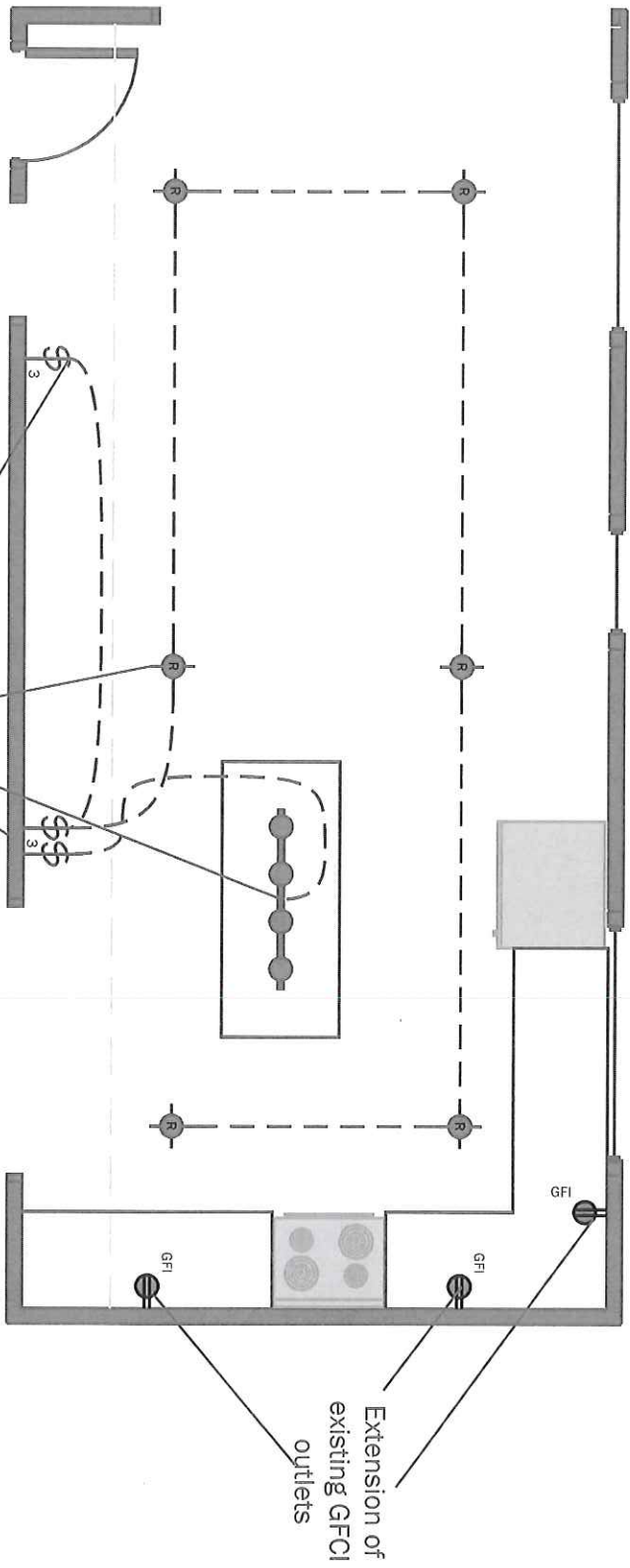
<p>Parker - Kitchen Layout For 3311 Humpton Road, Thornedale, PA 19372 Balla Custom Services</p>	<p>Date: 12/19/2017 Project Name: Dec 2017 - Jan 2018 Drawn By: Brent Balla Design By: Client Client: Michael & Kristin Parker Scale: 1/4" = 1'-0"</p>
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 CALN TOWNSHIP

CEDARVILLE Engineering Group, LLC
 Uniform Construction Code Compliance
 Drawing Approval
 By: Matthew J. Spellman
 PA cert# 005747 ICC cert# 61254348
 Date: **DEC 21 2017**

Parker – Kitchen (Electrical) For 3311 Humpton Road, Thomndale, PA 19372 Balla Custom Services	Date: 12/19/2017 Project time frame: Dec 2017 - Jan 2018 Drawn By: Brent Balla Design By: Client Client: Michael & Kristin Parker Scale: 1/4" = 1'-0"
---	---



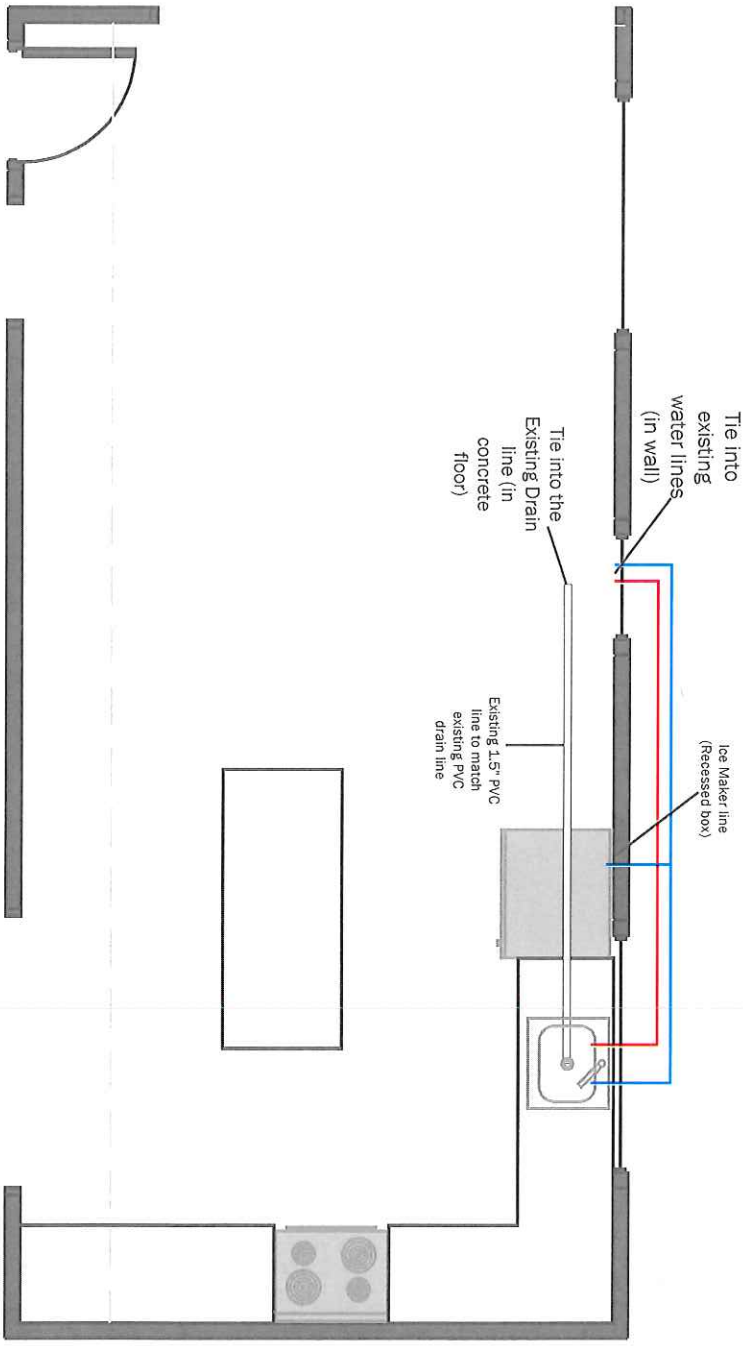
Retrofit of existing kitchen lighting and switches

Extension of existing GFCI outlets

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 CALN TOWNSHIP

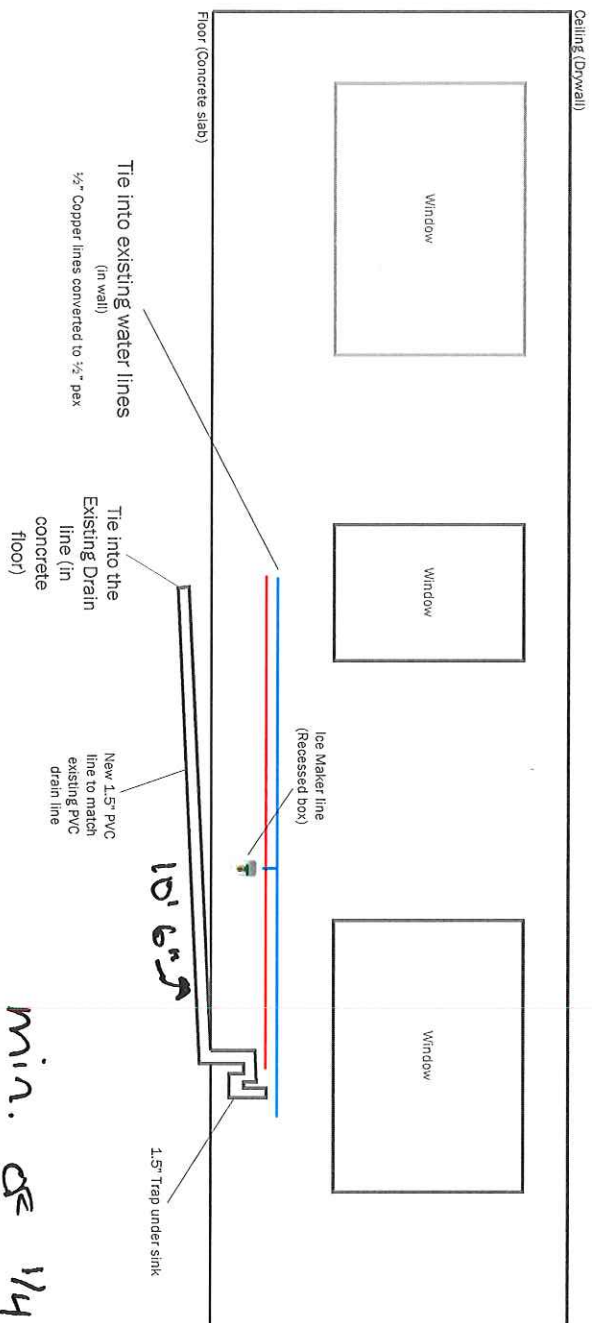
CEDARVILLE Engineering Group, LLC
 Uniform Construction Code Compliance
 Drawing Approval
 By: Matthew J. Spellman
 PA cert#005747, IOC cert#81254348
 Date: **DEC 21 2017**

Parker – Kitchen Plumbing For 3311 Humpton Road, Thomndale, PA 19372 Balla Custom Services	Date: 12/19/2017 Project time frame Dec 2017 - Jan 2018 Drawn By: Brent Balla Design By: Client Client: Michael & Kristin Parker Scale: 1/4" = 1'-0"
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CEDARVILLE Engineering Group, LLC
 Uniform Construction Code Compliance
 Drawing Approval
 By: Matthew J. Spellman
 PA cert#005747 ICC cert#81254348
 Date:

Parker - Cross Section (Plumbing)	
For 3311 Humpton Road, Thornsdale, PA 19372	
Date: 12/19/2017 Project Name: Parker Dec 2017 - Jan 2018	Drawn By: Brent Balla Design By: Client Client: Michael & Kristin Parker
Scale: 1/4" = 1'-0"	



*New pipes in wall will be pipe insulated and additional insulation (batt) will be added around piping

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min. of 1/4" slope per foot

CEDARVILLE Engineering Group, LLC
Uniform Construction Code Compliance
Drawing Approval
By: Matthew J. Spellman
PA cert#005747 ICC cert#81254348
Date: DEC 20 2017

CALN TOWNSHIP

CONSTRUCTION/BUILDING

PERMIT NO. B 6696

THIS CARD MUST BE PLACED IN THE OPEN VIEW AT ALL TIMES.

MICHAEL + KRISTIN PARKER
Name

3311 HUMPTON RD
Site Location

Contact Caln Township at 610-384-0600 to schedule inspections. (Minimum 48-Hour Notice) Required)

INSPECTIONS REQUIRED FOR THIS PROJECT

- Footing
- Foundation Rebar, prior to pour
- Foundation, prior to backfill
- Underslab/Underground Plumbing
- Rough Framing, w/ Fire Caulk
- Insulation
- Drywall

- Electrical Service Rough Final
- Mechanical Rough Final
- Plumbing Rough Final
- Accessibility
- Fire Protection
- Final

ALTERNATION / KIT
TYPE OF CONSTRUCTION

[Signature]
BUILDING CODE OFFICIAL

DEC 2 1997
DATE ISSUED



FIELD INSPECTION REPORT

DATE:	12/28/17	PROJECT:	KITCHEN REMODEL
TIME:		PERMIT NO:	B 6696
ADDRESS:	3311 HUMPTON RD	INSPECTION:	ROUGH
WEATHER:		TEMPURATURE:	
INSPECTOR:	MD	CONTRACTOR:	

CONSTRUCTION ACTIVITY:
ROUGH FRAME EXISTING
ROUGH PLUMB EXTEND DOWN 6' OK IN SLAB
ROUGH MECH EXISTING HEATER NEEDS WORK
ROUGH ELEC OK FOR KITCHEN
FIX INSULATION AROUND PIPES EXTENSION WALL REMOVE + INSULATE ^{DRYWALL} WILL SEND PICTURES
NEED SMOKE 1ST FLOOR
NEED SMOKE ICO 2ND FLOOR SMOKE EACH BED ROOM
OK TO DRY WALL 12/28/17 MD



FIELD INSPECTION REPORT

DATE:	11/3/18	PROJECT:	KITCHEN REMODEL
TIME:		PERMIT NO:	B6696
ADDRESS:	33 W HUMPTON RD	INSPECTION:	DRYWALL
WEATHER:		TEMPURATURE:	
INSPECTOR:		CONTRACTOR:	

CONSTRUCTION ACTIVITY:

DRYWALL

FASTENERS LOOK GOOD OK TO TAPE

PIPES INSULATED

SMOKE ON FIRST

SMOKE / CO ON SECOND

WILL BE DONE AT FINAL

OK 11/3/18 [Signature]



FIELD INSPECTION REPORT

DATE:	2/14/18	PROJECT:	KIT REMODEL # OILTANK
TIME:		PERMIT NO:	6696 / 6747
ADDRESS:	3311 HUMPTON RD	INSPECTION:	FINAL
WEATHER:		TEMPURATURE:	
INSPECTOR:	MTS	CONTRACTOR:	

CONSTRUCTION ACTIVITY:

OIL TANK REMOVED BACK FILLED OK
B6747

OK TO CLOSE PERMIT

KITCHEN B6696

ALL FINISHES IN PLACE OK

OK TO CLOSE PERMIT

Mechanical Equipment; ~~Oil Furnace~~ Needs Cert

Recycle Container # On Site

Commercial Knox Box -----

OTHER: PROVIDE TEXT BOX

- 1) Documentation of furnace service within the past year needs to be submitted.
 - 2) Proper permits are needed prior to any changes or construction being done (Furnace, water heater).
 - 3) Pressure release valve on the water heater needs to extend to within 6 inches of the ground.
 - 4) Carbon monoxide detector is needed at the top of the steps in the sleeping area.
 - 5) Working smoke detector is needed: a) Main level b) all 4 bedrooms.
 - 6) Overhead kitchen lights need to be properly covered.
 - 7) Sewer vent cap need to be properly covered.
- A follow up inspection needs to be scheduled by 11/27/17.

DEPARTMENT OF BUILDING & LIFE SAFETY

Raymond Stackhouse, Director

253 Municipal Dr, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689

codes@calntownship.org | www.calntownship.org

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NOV 15 2017
CALN TWP.



RESIDENTIAL CERTIFICATE OF OCCUPANCY

This is to certify that the building listed has been inspected per the requirements of the PAUCC and the applicable 2009/2015 ICC Codes, as adopted, and is approved for the occupancy and use as described.

Permit Number(s): **6696**

Owner and Address of Building, Structure or Facility to which the permits apply:
Kristin Parker, 3311 Humpton Road, Thorndale PA 19372

Permit Holder: **Balla Custom Services**
Permit Holder Address: **45 Kirby Street**
Coatesville Pa 19320

Description of Project: **Kitchen Remodel**

Applicable Construction Code: **2009 International Residential Code (IRC)**

Use & Occupancy Classification: *R-3*
Per Chapter 3, IBC

Construction Type: *II B*
Per Chapter 6, IBC

Automatic sprinkler system installed: **NO**

Special stipulations & conditions: **None**

Final Inspection Date: **February 21, 2018**

CO Issue Date: **February 21, 2018**

Building Official: **Matthew J. Spellman**

Matthew J. Spellman

Signature

#005747
DLI Registration#