

2020-10



pennsylvania
OFFICE OF OPEN RECORDS

RECEIVED

FEB 24 2020

CALN TWP
RTKO

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 2/24/2020

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

REQUEST SUBMITTED TO (Agency name & address): CALN TOWNSHIP
253 MUNICIPAL DRIVE THORNDALE PA 19372

NAME OF REQUESTER: DOREEN L. JACOBY

STREET ADDRESS: 514 HEADINGTON LANE

CITY/STATE/COUNTY/ZIP(Required): NEW HOLLAND PA 17557

TELEPHONE (Optional) _____ EMAIL (optional): _____

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

NAME OF CURRENT PROPERTY OWNER, WITH ADDRESS AND TELEPHONE AND E-MAIL CONTACT INFORMATION
CHESTER COUNTY, PA
OF PARCEL # 39-1-77.1 LOTS 2+3

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: Abigail Swan

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

DATE RECEIVED BY THE AGENCY: 2/24/20

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 3/2/20

***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.)*



BUILDING PERMIT APPLICATION

RECEIVED

AUG 9 2019

CODES DEPARTMENT
CALN TOWNSHIP
Zoning Dist. _____

Address 1 McDaid Way 19320 **Subdivision** _____ **Lot #** _____

<p>Building Improvement</p> <p>New Building <input checked="" type="checkbox"/></p> <p>Addition <input type="checkbox"/></p> <p>Alteration <input type="checkbox"/></p> <p>Basement <input type="checkbox"/></p> <p>Deck /Ramp <input type="checkbox"/></p> <p>Demolition <input type="checkbox"/></p> <p>Electric <input type="checkbox"/></p> <p>Fire Protection <input type="checkbox"/></p> <p>Sprinkler/Alarm <input type="checkbox"/></p> <p>Hot Tub <input type="checkbox"/></p> <p>Mechanical <input type="checkbox"/></p> <p>Plumbing <input type="checkbox"/></p> <p>Pool <input type="checkbox"/></p> <p>Roof <input type="checkbox"/></p> <p>Shed (>1000 sq. ft.) <input type="checkbox"/></p> <p>Sign <input type="checkbox"/></p> <p>Tank <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>IDENTIFICATION – To be completed by all applicants</p> <p>OWNER Name: <u>Brian and Susan McDaid</u></p> <p>Address: <u>650 Wharton Blvd</u> <u>Exton PA 19341</u></p> <p>Phone # _____ Email: _____</p> <p>Home Improvement Contractor # _____ Expiration Date: _____ Name: _____ Address: _____ Phone #: _____ Email: _____</p> <p>Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Location: <u>1 McDaid Way</u> Location: _____</p> <p>Residential Building Area: # of Stories <u>1</u> Basement <u>4134</u> Garage <u>868</u> 1st. Floor <u>4134</u> 2nd. Floor _____ Total Habitable Space _____</p> <p>Commercial Projects: Use Group Classification _____ Occupancy Load _____ Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lot Area <u>130,656</u> sq.ft. Building Coverage <u>5,800</u> sq.ft. Total Impervious Coverage <u>14,535</u> sq.ft.</p>	<p>Date: <u>7-23-2019</u> Job Cost: _____</p> <p>Sewage Disposal Public <input type="checkbox"/> Private <input checked="" type="checkbox"/></p> <p>Water Supply Public <input type="checkbox"/> Private <input checked="" type="checkbox"/></p> <p>Type of Construction</p> <table style="width: 100%;"> <tr><td>IA <input type="checkbox"/></td><td>IB <input type="checkbox"/></td></tr> <tr><td>IIA <input type="checkbox"/></td><td>IIB <input type="checkbox"/></td></tr> <tr><td>IIIA <input type="checkbox"/></td><td>IIIB <input type="checkbox"/></td></tr> <tr><td>IV <input type="checkbox"/></td><td>VB <input type="checkbox"/></td></tr> <tr><td>VA <input type="checkbox"/></td><td></td></tr> </table> <p>Site located in Flood Area Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Residential Bldg. Only # Bedrooms <u>3</u> # Bathrooms <u>3.5</u></p> <p>Commercial Bldg. Only # Bedrooms _____ # Bathrooms _____</p> <p># Off Street Parking Spaces <u>2</u></p>	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"/>	
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"/>												
<p>Submit floor plan showing Location w/clearances & material types /Mechanical Central AC? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Will there be an Elevator? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Type of Heating Fuel</p> <p>Gas <input checked="" type="checkbox"/></p> <p>Oil <input type="checkbox"/></p> <p>Electric <input type="checkbox"/></p> <p>Coal <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>												

SIGNATURE OF APPLICANT: [Signature] **DATE:** 8/9/19

DESCRIPTION /COMMERCIAL ACTIVITIES: New house

EMAIL ADDRESS: DrMcDaid@gmail.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 # _____	Approved By: _____	Permit Fee: _____	Date Issued: _____
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REMARKS: