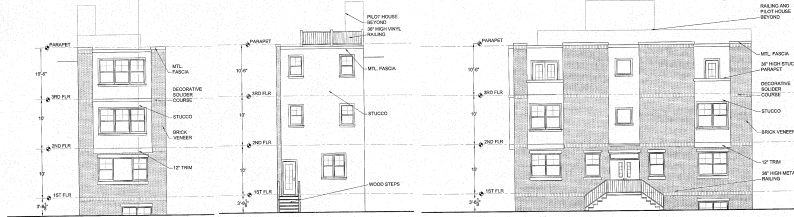


1 PROPOSED SITE PLAN
Zn-1 SCALE: 1/8" = 1'-0"



2 PROPOSED FRONT ELEVATION
Zn-1 SCALE: 1/8" = 1'-0"

3 PROPOSED REAR ELEVATION
Zn-1 SCALE: 1/8" = 1'-0"

4 PROPOSED SIDE ELEVATION
Zn-1 SCALE: 1/8" = 1'-0"



CODE NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE PHILADELPHIA UNIFORM CODE BOOKS AND THE PHILADELPHIA ZONING ORDINANCES.
2. THE OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
3. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE DESIGN AND CONSTRUCTION OF THE PROJECT.
4. THE OWNER SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND COSTS ASSOCIATED WITH THE PROJECT.
5. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE PREPARATION OF ALL DRAWINGS AND SPECIFICATIONS.
6. THE OWNER SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
7. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE COORDINATION OF ALL TRADES AND SUBCONTRACTORS.
8. THE OWNER SHALL BE RESPONSIBLE FOR THE MAINTENANCE OF ALL RECORDS AND DOCUMENTS.
9. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL INFORMATION AND DOCUMENTS.
10. THE OWNER SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND COSTS ASSOCIATED WITH THE PROJECT.

2146 CATHARINE ST.
PHILA., PA 19146



SIGNATURE: David P. McArthur

DAVID P. MCARTHUR
REGISTERED ARCHITECT
2146 ALMOND ST., PHILADELPHIA, PA 19126
Tel: (215) 777-5578 E-MAIL: dpm@2146.com

Project Number: 210

Date: 2-5-19

Scale: AS NOTED

Drawn By: DPM

DATE REVISION

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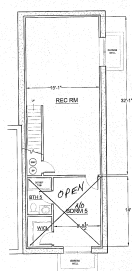
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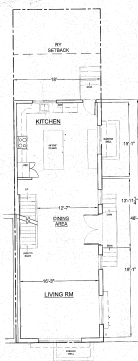
58 2/5/19 58

59 2/5/19 59

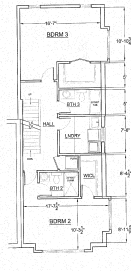
60 2/5/19 60



5 BASEMENT PLAN
Zn-1 SCALE: 1/8" = 1'-0"



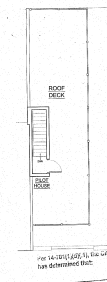
6 1ST FLOOR PLAN
Zn-1 SCALE: 1/8" = 1'-0"



7 2ND FLOOR PLAN
Zn-1 SCALE: 1/8" = 1'-0"



8 3RD FLOOR PLAN
Zn-1 SCALE: 1/8" = 1'-0"



9 ROOF PLAN
Zn-1 SCALE: 1/8" = 1'-0"

ZONING PLANS

For 14-0211 (2011), the City Planning Commission has determined this:

Project is in compliance with the zoning ordinance.

Project is not in compliance with the zoning ordinance.

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ZONING/USE PERMIT		CITY OF PHILADELPHIA DEPARTMENT OF LICENSES & INSPECTIONS 1401 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102-1667		PERMIT NUMBER 947288	
SUBJECT TO REVOCATION IF FULL INFORMATION IS MISREPRESENTED OR NOT PROVIDED				FEE \$150.00	DATE 04/05/19
LOCATION OF WORK: 02146 CATHARINE ST PHILADELPHIA, PA 19146-1208				ZONING CLASSIFICATION RSA-5	
OWNER CENTURY HOME BUILDERS LLC 1017 JAMESTOWN ROAD BROOMALL, PA. 19008		APPLICANT CENTURY HOME BUILDERS LLC 1017 JAMESTOWN ROAD BROOMALL, PA 19008-		PLAN EXAMINER CHELI DAHAL	
				ZONING BOARD OF ADJUSTMENT DECISION CALENDAR # DATE	
THIS PERMIT DOES NOT AUTHORIZE ANY CONSTRUCTION UNTIL RELATED CONSTRUCTION PERMITS ARE ISSUED					
<p>UNDER REGULATIONS OF THE PHILADELPHIA ZONING ORDINANCE FOR</p> <p>ZONING APPROVAL. FOR THE ERECTION OF AN ATTACHED STRUCTURE (NTE 38' HIGH); ROOF DECK ACCESSSED BY A PILOTHOUSE. SIZE AND LOCATION AS SHOWN IN THE APPLICATION.</p> <p>USE REGISTRATION FOR A SINGLE FAMILY HOUSEHOLD LIVING.</p> <p style="text-align: right;">OFFICE COPY</p>					
SUBJECT TO THE FOLLOWING PROVISOS AS ESTABLISHED BY THE ZONING BOARD OF ADJUSTMENT:					
<p>ANY PERSON AGGREIVED BY THE ISSUANCE OF THIS PERMIT MAY APPEAL TO THE ZONING BOARD OF ADJUSTMENT (ZBA). FOR INSTRUCTIONS ON FILING AN APPEAL, PLEASE CONTACT THE ZBA AT 215-686-2429 OR 215-686-2430.</p>					
<p>IT SHALL BE THE OWNER'S RESPONSIBILITY TO SECURE THE APPROVAL OF THE PHILADELPHIA HISTORICAL COMMISSION PRIOR TO ANY ALTERATION TO A HISTORIC PROPERTY. TO CHECK THE HISTORIC STATUS OF A PROPERTY, CALL THE PHILADELPHIA HISTORICAL COMMISSION AT 215-686-7660.</p> <p>FOR ESTABLISHMENTS THAT PREPARE AND SERVE FOOD: APPLICANTS MUST OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT. SEPARATE PLAN REVIEWS AND FEES MAY BE REQUIRED. CONTACT THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH SERVICES / OFFICE OF FOOD PROTECTION: 321 UNIVERSITY AVE - 2ND Floor, PHILADELPHIA, PA 19104 TELEPHONE NUMBER: (215) 685-7495</p> <p>LIMITATIONS: IN CASES WHERE NO CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED: THIS PERMIT BECOMES INVALID SHOULD THIS USE NOT START WITHIN SIX (6) MONTHS FROM THE DATE OF ISSUANCE OR THE DATE OF ZONING BOARD OF ADJUSTMENT DECISION, WHICHEVER COMES FIRST.</p> <p>IN CASES WHERE CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED: THIS PERMIT BECOMES INVALID SHOULD CONSTRUCTION NOT START WITHIN THREE (3) YEARS FROM THE DATE OF ISSUANCE OR THE DATE OF ZONING BOARD OF ADJUSTMENT DECISION, WHICHEVER COMES FIRST.</p> <p style="text-align: center;">THIS PERMIT IS NOT A CERTIFICATE OF OCCUPANCY OR A LICENSE.</p> <p>ALL PROVISIONS OF THE CODE AND OTHER CITY ORDINANCES MUST BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THIS PERMIT CONSTITUTE APPROVAL FROM ANY STATE OR FEDERAL AGENCY, IF REQUIRED</p>					

CDAHAL

②

APPLICATION FOR
ZONING / USE REGISTRATION PERMIT

(For office use only)

APPLICATION #

947288

ZONING CLASSIFICATION

PSA-5

PREVIOUS APPLICATION NO.

(Applicant completes all information below. Print clearly and provide full details)

LOCATION OF PROPERTY (LEGAL ADDRESS)

2146 Catharine



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING - CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102

For more information visit us at www.phila.gov

ACCELERATED REVIEW PAID

Check/Receipt #

7195

Date:

3/28/19

PROPERTY OWNER'S NAME

Century Home Builders, LLC

PHONE #

610-842-4542

FAX #

610-853-4835

PROPERTY OWNER'S ADDRESS

1017 JAMESTOWN ROAD

Broomall, PA 19008

LICENSE #

41177

E-MAIL:

realtor.dooGAN@yahoo.com

APPLICANT:

Daniel P. DooGAN

FIRM/COMPANY:

Century Home Builders, LLC

PHONE #

610-842-4542

FAX #

610-853-4835

ADDRESS:

1017 JAMESTOWN Rd

Broomall, PA 19008

LICENSE #

41177

E-MAIL:

realtor.dooGAN@yahoo.com

RELATIONSHIP TO OWNER:

TENANT/LESSEE

ATTORNEY

DESIGN PROFESSIONAL

CONTRACTOR

EXPEDITOR

TABULATION OF USES

FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used
1	Single Family Dwelling	SFD	
2			
3			

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE
1	Single Family Dwelling
2	
3	

STORIES AND HEIGHTS FROM GROUND TO ROOF

HEIGHT	EXISTING BUILDING			PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION		
	FRONT	SIDE	REAR	FRONT	SIDE	REAR
IN FEET	31'-6"	31'-6"	18'-0"	33'-8"	33'-8"	33'-8"
IN STORIES	3	3	1	3	3	3

BRIEF DESCRIPTION OF WORK/CHANGE

Erection of new 3 story single family dwelling w/
finish basement + roof deck.

CONTINUED ON ADDITIONAL SHEET (ATTACHED)

ACCELERATED REVIEW

CHECK/RECEIPT/MLO NO.

IS THIS APPLICATION IN RESPONSE TO A VIOLATION? ☐ NO ☒ YES

VIOLATION #:

All provisions of the Zoning code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE:

Daniel P. DooGAN

DATE:

2.15.2019

Form 81-16

PRE-REQUISITE APPROVALS FOR:

ADDRESS:

APPLICATION #:

✓ IF REQ'D	AGENCY	INITIALS	DATE	REMARKS
	ART COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	CITY PLANNING COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	HISTORICAL COMMISSION			
	FAIRMOUNT PARK COMMISSION			
	STREETS DEPARTMENT ROOM 940 - M.S.B.			
	WATER DEPARTMENT 2 ND FLOOR - 1101 MARKET STREET			

EXAMINER'S APPROVAL (OFFICE USE ONLY)

PERMIT TO READ:

NOTICE OF REFUSAL DATE:

NOTICE OF REFERRAL DATE:

ZBA CALENDAR NO.	GRANTED BY ZBA <input type="checkbox"/> NO <input type="checkbox"/> YES DATE	PROVISOS <input type="checkbox"/> NO <input type="checkbox"/> YES	FEE ITEM	AMOUNT
			FILING FEE	
			RE-INSPECTION FEE	
			ZONING FEE	
			USE FEE	
			TOTAL FEES	

VIOLATION FOR WORK/CHANGE WITHOUT A PERMIT?

☐ NO ☐ YES (INSPECTION FEE MUST BE ADDED TO PERMIT FEE)

VIOLATION #

This is to certify that I have examined the within detailed statement, together with a copy of the plans relating thereto, and find the same to be in accordance with the provisions of the law relating to zoning in the City of Philadelphia, that the same has been approved and entered into the records of this Department.

EXAMINER:

DATE APPROVED:

PERMIT #	DATE ISSUED:	CHECK #
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APPLICATION FOR
ACCELERATED PLAN REVIEW

(Please complete all information below and print clearly)



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTION
MUNICIPAL SERVICES BUILDING - CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

ADDRESS OF PROJECT:

2146 CATHARINE STREET

APPLICATION NUMBER:

947288

APPLICANT NAME:

CENTURY HOME BUILDERS, LLC

APPLICANT ADDRESS:

1017 JAMOSTOWN ROAD

BRIDGEMALL, PA 19008

PHONE #:

610-842-4542

E-MAIL:

REALTOR@CENTURY21.COM

PLAN REVIEW TYPE:

~~GENERAL PERMIT~~

☐ ELECTRICAL

☐ PLUMBING

\$540 FOR UP TO FOUR (4) HOURS OF PLAN
REVIEW TIME; \$135 FOR EACH ADDITIONAL HOUR

☒ ZONING PERMIT

\$420 FOR UP TO FOUR (4) HOURS OF PLAN
REVIEW TIME; \$135 FOR EACH ADDITIONAL HOUR

For the project and application shown above, I am requesting an accelerated plan review of the type specified above. I hereby agree to pay the City of Philadelphia the minimum fee required.

If the plan review requires more than four hours to complete the review, I agree to pay the City of Philadelphia the additional fee as specified above. I understand that the results of the plan review will not be provided until all accelerated plan review fees are paid.

I acknowledge that I have been informed of the current normal service level for plan review for this type of application and have elected to request an accelerated plan review for the permit application above. I have also been informed of the current service level for accelerated plan review.

I understand that the City of Philadelphia's obligation will be complete when the results of the plan review have been provided to you.

I understand that the fees for an accelerated plan review are in addition to the filing fee and final permit fee.

APPLICANT'S SIGNATURE:

Harold P. Davis

DATE:

3/28/19

DEPARTMENT OF LICENSES & INSPECTIONS (Official use only)

AMOUNT PAID:

470.00

CHECK/RECEIPT #:

1195

DATE:

3/28/19

EXAMINER ASSIGNED:

NOTES:



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES & INSPECTIONS
 Municipal Services Building - Concourse Level
 1401 John F. Kennedy Boulevard
 Philadelphia, Pennsylvania 19102

Accelerated Application Checklist

All relevant information is required to be submitted at the time the accelerated application is filed.

Visit our website at www.phila.gov/PA for additional information.

GENERAL

- ☒ **Completed Application**
 Project Address-valid address registered with the Office of Property Assessment (visit www.phila.gov/opa to confirm).
☒ Complete applicant contact information, including email address, identified on application. *All applicants, other than a homeowner or 100-exempt non-profit agency, must possess a Philadelphia Commercial Activity License.*
☒ Complete owner information, including email address, identified on application.
☒ Contractor identified on application possesses valid licenses.
☒ Check made payable to the City of Philadelphia in the amount indicated below included with application. *Note: No third party checks will be accepted.*
Building Applications:
 One and Two Family: \$25 standard review/ additional \$540 accelerated review All Other Occupancies: \$100 standard review/ additional \$540 accelerated review
Zoning Only Applications:
 One and Two Family: \$25 standard review/ additional \$420 accelerated review All Other Occupancies: \$100 standard review/ additional \$420 accelerated review
☒ **Completed Accelerated Application Agreement**
☒ No open violation for structurally unsafe conditions on subject property (visit www.phila.gov/PA to confirm)
☒ Application is eligible for accelerated review (See Application Index located at drop-off collection centers)
☐ Applicant has attended required drop-off seminar (Drop-Off Applications Only)

All requirements for applicable work type must be denoted as 'PROVIDED' or 'NOT APPLICABLE (N/A)'.

NEW CONSTRUCTION, ADDITIONS & ALTERATIONS

	PROVIDED	N/A
Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scope of work is accurately described	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
Zoning/ Use Registration Permit	<input type="checkbox"/>	<input type="checkbox"/>
City Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>
Water Department	<input type="checkbox"/>	<input type="checkbox"/>
Streets Department	<input type="checkbox"/>	<input type="checkbox"/>
Art Commission	<input type="checkbox"/>	<input type="checkbox"/>
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Soils Investigation Report (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>
L & I- Special Inspections Agreement/ Form	<input type="checkbox"/>	<input type="checkbox"/>
L & I- Energy Conservation Forms	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Three sets of building plans	<input type="checkbox"/>	<input type="checkbox"/>
Signed/sealed by a PA design professional	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SUPPRESSION

	PROVIDED	N/A
Application	<input type="checkbox"/>	<input type="checkbox"/>
Scope of work is accurately described	<input type="checkbox"/>	<input type="checkbox"/>
Number of new sprinkler heads listed	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Water Department	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Calculations (3 sets)	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
PWF Form CP100/CU100 for Backflow	<input type="checkbox"/>	<input type="checkbox"/>
Building Plans signed and sealed by a PA Professional Engineer, 4 sets are required where a new backflow is being installed and 3 sets are required in all other cases.	<input type="checkbox"/>	<input type="checkbox"/>

MECHANICAL (ductwork, fuel gas, HVAC)

	PROVIDED	N/A
Application	<input type="checkbox"/>	<input type="checkbox"/>
Scope of work is accurately described	<input type="checkbox"/>	<input type="checkbox"/>
Number of new registers/diffusers listed	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Three sets of building plans	<input type="checkbox"/>	<input type="checkbox"/>
Signed/sealed by a PA professional engineer	<input type="checkbox"/>	<input type="checkbox"/>

ZONING

	PROVIDED	N/A
Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Existing and proposed uses specified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detailed description of proposed work provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Six copies of site plan (max of 2 sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New Construction/Additions Only:		
Elevation Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
City Planning Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Streets Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Art Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DEMOLITION

	PROVIDED	N/A
Contractor Qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Contract	<input type="checkbox"/>	<input type="checkbox"/>
Three Past Contracts/ Permits for Structural Demo	<input type="checkbox"/>	<input type="checkbox"/>
Employee Qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
Water Department	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Site Safety Plan (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>
Signed/sealed by a PA professional engineer	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that all information contained herein is true to the best of my knowledge.

I understand that false information will result in the rejection of the application and/or the assessment of an additional \$100 review fee.

APPLICANT'S SIGNATURE: *James P. [Signature]*

DATE: *3/20/2019*