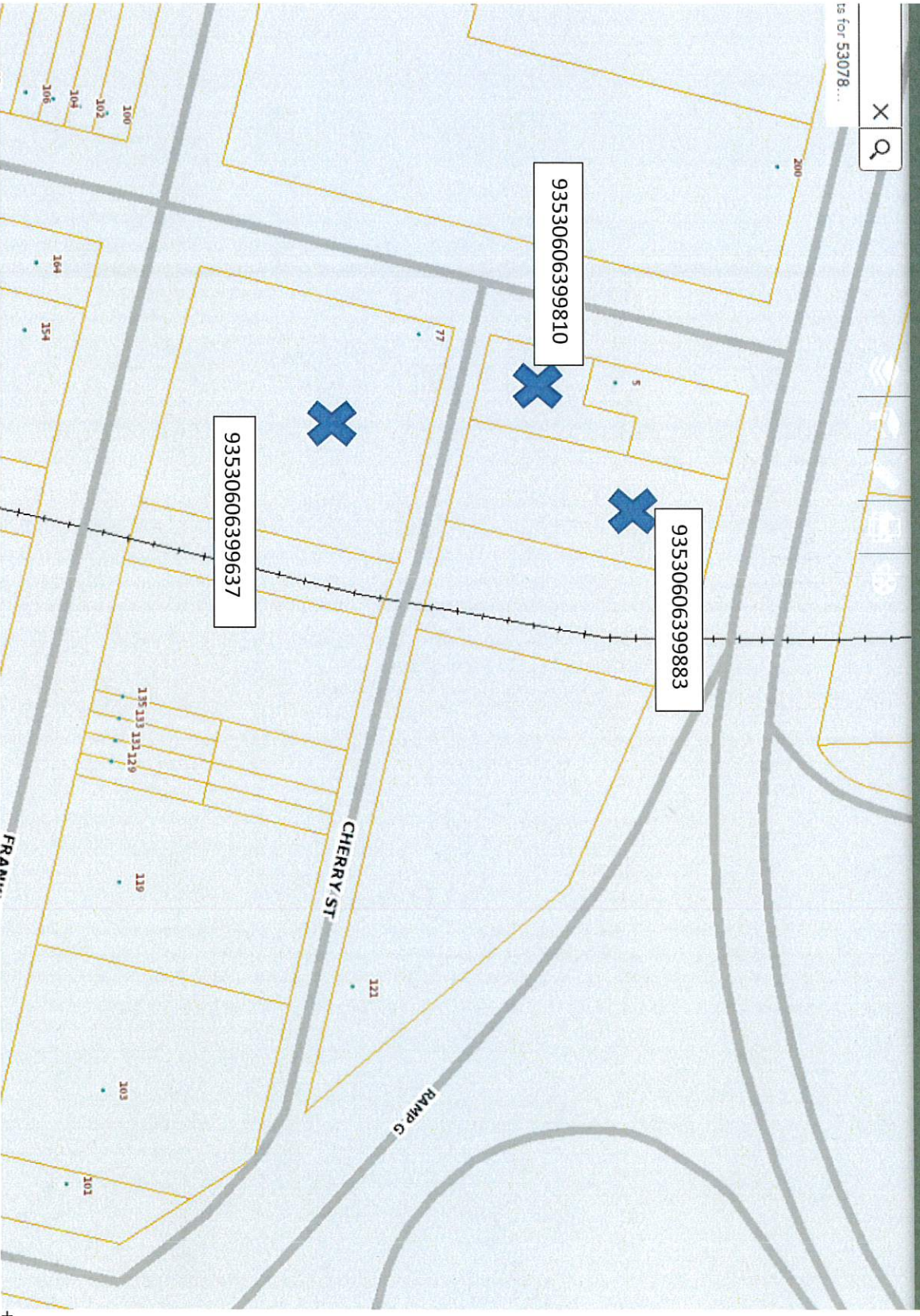
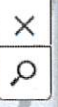


ts for 53078...





Demolition Permit

Department Use Only

Borough of West Reading

Permit #: 12-6710

**500 Chestnut St.
West Reading, PA 19611-1452**

Date of Application: 10/31/2012

Date Issued: 10/31/2012

Ph. (610) 374-8273 Fax (610) 374-0575

Project Cost: \$8,800.00

Job Site Information

Owner Information

Address: 17 S 2ND AV		Name: PALMER, RICHARD M & VIVIAN G	
City: West Reading	State: PA	Address: [REDACTED]	
Lot/Subdivision:		City/State/Zip: [REDACTED]	
Parcel Number: [REDACTED]		Phone: [REDACTED]	
Zone:	Type of Bldg:	No. of Bldgs:	Stories:
Dwelling Units Now on Lot: 0	Assessory Bldgs Now on Lot:		

Description of Work: DEMOLITION - REMOVE 25' X 50' BLOCK BUILDING LOCATED IN REAR OF THE PROPERTY BETWEEN CHESTNUT AND FRANKLIN STREET. PROOF OF EXTERMINATION AND ELECTRICAL SERVICES PROPERLY REMOVED. SEE FILE FOR INFORMATION.

****INSPECTION(S) ARE REQUIRED, PLEASE CONTACT TERRY NAUGLE AT [REDACTED] TO SCHEDULE THE INSPECTION(S).** ✓ 11/18/13

Contractor Information

Contractor: O'BRIEN WRECKING/CORBAN COMPANIES	Telephone: 484-335-7364
Address: 1801 N. 10TH STREET	City/State/Zip: READING, PA 19604

Permit Fees

Description	Work Being Done By	Fee
Commercial/Industrial Building Permit (ov	O'BRIEN DAVID	\$132.00
PA State Training Fee		\$4.00
Total Fees:		\$136.00

*First - PASS
T Naugle 1/18/13*

This permit becomes null and void if work or contructions authorized ls not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty or perjury.

Signature of Owner, Contractor, or Authorized Agent

Date:

Signature of Approval

Date:

Elba Beltran-delRio

From: Matt Davenport <[REDACTED]>
Sent: Monday, March 6, 2023 3:45 PM
To: Elba Beltran-delRio
Subject: Commercial Property Transfer Inspection-RM Palmer-S. 2nd Ave

Elba,

Two buildings were reviewed using the scheduled property transfer inspection at RM Palmer in the Borough earlier today. The Main/Office Building and Building #2 are well maintained structures that exhibited very few deficiencies. Primary building life/safety items that are required at each egress door which discharges to the exterior of the building include a lighted exit sign. While nearly all doors are provided with the designated signage, there were one or two doors where the lighted exist signage was not present. There was a single instance where the lighted exit sign had two (arrow) punchouts missing that shall be replaced or covered with suitable material in the sign face. There was an instance of a fire extinguisher designated location that did not contain a fire extinguisher. In this particular case, the fire extinguisher signage may be removed OR a fire extinguisher installed. There were no other deficiencies of note that would require action prior to settlement. If you have any questions, please contact me.

Respectfully,
Matt Davenport

Sent from my iPad



Commercial Occupancy Permit
Borough of West Reading
500 Chestnut Street
West Reading, PA 19611-1291
 Phone: 610-374-8273 Fax: 610-816-7565

Department Use Only
Permit #: CO-23-0007
Approved Date: 03/01/2023
Project Cost:

Job Site Information	Owner Information
Address: 00 Franklin Street (77 S 2nd Ave) City: West Reading State: PA Zone: Subdivision: Parcel/Block/Unit/Lot: [REDACTED]	Name: Palmer, Jr., Richard M. & Jean L. Address: [REDACTED] City/State/Zip: [REDACTED] PA [REDACTED] Telephone: Lot Size:
Applicant Information	Contractor Information
Name: Palmer, Jr., Richard M. & Jean L. Address: [REDACTED] City/State/Zip: [REDACTED] PA [REDACTED] Telephone: Construction Type: Land Use: 3341	Name: Address: City/State/Zip: Telephone: 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 Borough building, plumbing, mechanical, energy, electrical and fire prevention codes.

- All applicable inspections must be called for with a minimum of 24-hours notice to the permit department. To schedule inspections for all residential permits please call Borough Hall at 610-374-8273 ext. 238.
- Approved plans must be retained on the job and this permit kept posted until final inspection or certificate of occupancy inspection has been completed.
- Work shall not proceed until the inspector has approved the various stages of construction. Any deviation from the approved plans must be approved by the Building Code Official before proceeding with the work.
- If your project requires traffic control or parking restrictions the request for authorization must be made through the Police Department, please call 610-373-0111.
- This permit shall be considered cancelled if active work has 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.

Description of Work:

Commercial Certificate of Occupancy Inspection prior to property transfer.

Parcel - [REDACTED] Over 1,000 Sq. Ft.

Inspection Scheduled - March 6th, 2023 at 2pm.

Permit Fees				
Description	Units	Cost @	Unit of Measure	Sum

Commercial Occupancy Permit Inspection	250.00
--	--------

Signature: [REDACTED] Date: 3-1-23	Grand Total: 250.00 Cash Chk # [REDACTED] Paid: 250.00 Receipt # 8.000054
---------------------------------------	--



Commercial Occupancy Permit
Borough of West Reading
500 Chestnut Street
West Reading, PA 19611-1291
 Phone: 610-374-8273 Fax: 610-816-7565

Department Use Only
Permit #: CO-23-0005
Approved Date: 03/01/2023
Project Cost:

Job Site Information	Owner Information
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Address: 17 S 2nd Avenue City: West Reading State: PA Zone: Subdivision: Parcel/Block/Unit/Lot: [REDACTED]	Name: Palmer, Jr., Richard M. & Jean L. Address: [REDACTED] City/State/Zip: [REDACTED] PA [REDACTED] Telephone: Lot Size:
--	---

Applicant Information	Contractor Information
------------------------------	-------------------------------

Name: Palmer, Jr., Richard M. & Jean L. Address: [REDACTED] City/State/Zip: [REDACTED] PA [REDACTED] Telephone: Construction Type: Land Use: 3341	Name: Address: City/State/Zip: Telephone: 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 Borough building, plumbing, mechanical, energy, electrical and fire prevention codes.
- All applicable inspections must be called for with a minimum of 24-hours notice to the permit department. To schedule inspections for all residential permits please call Borough Hall at 610-374-8273 ext. 238.
 - Approved plans must be retained on the job and this permit kept posted until final inspection or certificate of occupancy inspection has been completed.
 - Work shall not proceed until the inspector has approved the various stages of construction. Any deviation from the approved plans must be approved by the Building Code Official before proceeding with the work.
 - If your project requires traffic control or parking restrictions the request for authorization must be made through the Police Department, please call 610-373-0111.
 - This permit shall be considered cancelled if active work has 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.

Description of Work:
 Commercial Certificate of Occupancy Inspection prior to property transfer.
 Parcel [REDACTED] Over 1,000 Sq. Ft.
 Inspection Scheduled - March 6th, 2023 at 2pm.

Permit Fees				
Description	Units	Cost @	Unit of Measure	Sum
Commercial Occupancy Permit Inspection				250.00

Signature: [REDACTED]	205 ²⁰⁹ Grand Total: 250.00 Cash Chk # 205309 Paid: 250.00 Receipt # 8.000054
Date: 3-1-23	

BUILDING PERMIT

PERMIT # 7600 DATE ISSUED 10/5/00

THIS MUST BE POSTED AT JOB SITE

APPLICATION FOR PERMIT

ADDRESS 77 S. Second Ave

USE OF PROPERTY Commercial

TYPE OF IMPROVEMENT: () NEW BUILDING () ADDITION
() ALTERATIONS/REPAIRS/REPLACEMENT
() DEMOLITION (X) OTHER - Excavation

DETAIL OF WORK: - Excavation of Piers
TO Start work @ Oct. 6, 2000.

OWNERS NAME R.M. Palmer Co.

ADDRESS & PHONE # 2nd Ave.

CONTRACTORS NAME Schouch Incorporated - Jue

ADDRESS & PHONE # Excelsior Industrial Park, Blawie - [REDACTED]

COST \$500⁰⁰ FEE 10.⁰⁰ PERMIT# 7600 APPROVAL [REDACTED]

10-4-00 PC [REDACTED] [REDACTED]

DATE

SIGNATURE OF APPLICANT

BUILDING PERMIT

PERMIT # 7603 DATE ISSUED 10/5/00

THIS MUST BE POSTED AT JOB SITE

APPLICATION FOR PERMIT

ADDRESS 77 South 2nd Ave

USE OF PROPERTY Candy factory

TYPE OF IMPROVEMENT: NEW BUILDING ADDITION
 ALTERATIONS/REPAIRS/REPLACEMENT
 DEMOLITION OTHER


DETAIL OF WORK: Replace steam main pipe from power house to building and we will be building a pipe stands with footers to support stands


OWNERS NAME R m Palmer Co

ADDRESS & PHONE # 77 South 2nd Ave

CONTRACTORS NAME Burbank Mechanical Inc

ADDRESS & PHONE # 1050 Greenwich St Reading PA 19604

COST ~~7100~~^{and} 4500⁰⁰ FEE 4500 PERMIT# 7603 APPROVAL 

10/5/00 POLICE # 6474 

DATE

SIGNATURE OF APPLICANT

**BOROUGH OF WEST READING
500 CHESTNUT STREET, WEST READING PA 19611
BUILDING PERMIT APPLICATION
FAX # 610-374-0575**

WORK START DATE Oct 23, 2012

ADDRESS OF PROPOSED WORK 77 S. 2nd St

OWNER Palmer Candy

OWNER ADDRESS 77 S. 2nd St

PHONE [REDACTED]

CONTRACTOR O'Brien Wrecking / CORBAN Companies - David O'Brien

ADDRESS [REDACTED]

PHONE [REDACTED]

TYPE OF WORK PROPOSED: ZONING REQUIRED YES _____ NO _____

- | | | | |
|---------------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input checked="" type="checkbox"/> DEMOLITION | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> REPAIR | <input type="checkbox"/> ELECTRICAL | |

SCOPE OF WORK: Removal of small Block Bldg 25'x50' on the rear of the property between Chestnut and Franklin

COST OF PROPOSED WORK \$ \$ 8,800

THE APPLICANT CERTIFIES THAT ALL INFORMATION OF THIS APPLICATION IS CORRECT AND THE WORK WILL BE COMPLETED IN ACCORDANCE WITH THE APPROVED CONSTRUCTION DOCUMENTS AND PA ACT 45 UNIFORM CONSTRUCTION CODE AND ANY ADDITIONAL APPROVED BUILDING CODE REQUIREMENTS ADOPTED BY THE BOROUGH OF WEST READING. THE PROPERTY OWNER AND APPLICANT ASSUMES THE RESPONSIBILITY OF LOCATING ALL PROPERTY LINES, SETBACK LINES, EASEMENTS, RIGHTS-OF-WAY, FLOOD AREAS, ETC. ISSUANCE OF A PERMIT AND APPROVAL OF CONSTRUCTION DOCUMENTS SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY PROVISIONS OF THE CODES OR ORDINANCES OF THE BOROUGH OF WEST READING OR ANY OTHER GOVERNING BODY. THE APPLICANT CERTIFIES HE/SHE UNDERSTANDS ALL APPLICABLE CODES, ORDINANCES AND REGULATIONS.

SIGNATURE OF APPLICANT [REDACTED]

TODAY'S DATE

Oct 22, 2012

OFFICIAL USE ONLY

PERMIT FEE \$ 132.00

STATE FEE \$ 4.00

TOTAL DUE \$ 136.00

PAYMENT RECEIVED: CHECK CASH VISA M/C

DATE: 10/26/12

BUILDING PERMIT: DENIED APPROVED

DATE: 10/22/12 T.N.

ZONING APPLICATION: DENIED APPROVED

DATE: _____

BUILDING/CODE INSPECTOR: [REDACTED]

10/31/12

ins ✓

- Proof of extermination Attached
- Closure letter for Elec Attached

136.00

Academy Boro
FAY



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____
 Project ID#: _____
 Permit #: _____
 Other #: _____
 Inspector: _____

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individual

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one): Initial Annual Notification
 Revision (highlight here, and changes) Phase of Annual Notification
 Postponement Cancellation
 Date of Initial Notification or, if previously revised, date of last revision: _____

2. PROJECT LOCATION (check one):
 Allegheny County City of Philadelphia Other Location In PA (specify county): Berks

3. For Allegheny County and City of Philadelphia projects only:
 A. Does this project require a permit? Yes No (If Yes is checked, a permit application must be submitted along with this notification)
 B. For City of Philadelphia projects requiring a permit:
 Asbestos project Inspector: N/A Certification #: _____
 Company name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? Yes No
 (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office)

5. TYPE OF OPERATION (check one): Demolition Ordered Demolition Abatement prior to Demolition Renovation Emergency Renovation

6. FACILITY DESCRIPTION: Job No.: _____ (see instructions)
 Facility Name: RM Palmer Candy
 Street/Rural Address: 77 S. 2nd Ave
 City: West Reading State: PA Zip Code: 19611
 Present use: Vacant Prior use: Storage
 Will the facility be occupied during the abatement activity? Yes No
 Facility size in square feet: 1000 +/- # of floors: 1 Age in years: 25+

7. ABATEMENT CONTRACTOR:
 Company name: Crest Environmental (IF needed)
 Allegheny County or City of Philadelphia License # (if applicable): _____
 Street/Rural/POB Address: _____
 City: Reading State: PA Zip: 19604
 Contact: office Telephone No. (between 8:00 & 4:30): _____

8. DEMOLITION CONTRACTOR:
 Company name: O'Brien Wrecking
 Street/Rural/POB Address: [REDACTED]
 City: Reading State: PA Zip: 19604
 Contact: DAVE O'Brien Telephone No. (between 8:00 & 4:30): [REDACTED]

9. FACILITY OWNER:
 Owner name: Tom Palmer Candy
 Street/Rural/POB Address: 77 S. 2nd St
 City: West Reading State: PA Zip: 19611
 Contact: office /charlie Telephone No. (between 8:00 & 4:30): [REDACTED]

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building Inspector: Dennis Buncarsky Certification # [REDACTED]
 Date of inspection: 7/20/08 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
Bulk sample

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT Yes No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
 PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
		N/A				

Code * Type of ACM	Code ** Units	Code *** Type of abatement	Code **** Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ to _____
 Days of week (check) Mo Tu We Th Fr Sa Su
- B. Demolition: Start Date: oct 9, 2012 Completion Date: oct 30 2012
 Daily hours of operation: 7:00 am pm to 3:30 am pm
 Days of week (check) Mo Tu We Th Fr Sa Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ to _____
 Days of week (check) Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Demolition of small storage Bldg

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

N/A

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: AT Belash (Clean Debris only)
 Street/Rural Address: _____
 City: _____ State: Pa Zip: _____
 Contact: Alne Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: Barks Transfer (Domestic Only) DEP permit #: [REDACTED]
Street/Rural Address: [REDACTED]
City: Reading State: PA Zip: [REDACTED]
Contact: Office Telephone: [REDACTED]

B. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

A. Company name/individual: N/A
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

B. Final clearance firm: (if different than 19A) _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

Final clearance firm was hired by (check one) Contractor Owner
 Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

A. PCM company name/individual: _____ Certification #: _____
Street/Rural Address: _____
City: N/A State: _____ Zip: _____
Contact: _____ Telephone: _____

B. TEM company name: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm

Description of the sudden, unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: N/A
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work and notify Asbestos Contractor

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: David O'Brien Certification #: N/A
Contractor (Individual): O'Brien Certification #: _____
Supervisor: David O'Brien Certification #: _____
Contractor (Firm): O'Brien Certification #: _____

***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

[Redacted Signature] 9/24/12
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: David O'Brien Title: General Manager

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

[Redacted Signature] 9/24/12
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: David O'Brien Title: General Manager



Cindy Shaner

From: Terry Naugle ([REDACTED])
Sent: Monday, October 22, 2012 1:19 PM
To: Cindy Shaner
Subject: RE: Palmer Candy

Hi Cindy:

This permit is fine and I recommend that this be processed.

Terry

-----Original Message-----

From: Cindy Shaner [mailto:[REDACTED]]
Sent: Monday, October 22, 2012 11:23 AM
To: Terry Naugle
Subject: Palmer Candy

Hi Terry,

Mr. O'Brien has stopped in to fill out an application to remove a small block building located at 77 S. Second Avenue. I have attached the application and DEP Asbestos Abatement form for your review and comment. They would like to begin work tomorrow.

Thank you,
Borough of West Reading
Code Compliance Department
Cindy Shaner
500 Chestnut Street
West Reading, PA 19611-1219
[REDACTED]



Timmy's Electric

P.O. Box 278

Temple, PA 19560

Phone: 610-939-1438

E-mail: Timmyselectric@comcast.net

30 Years Experience

Journeyman Electrician

Licensed and Insured

O'Brien Wrecking

Job

RM Palmer

22 S 2nd st

West Reading Pa

This is to advise you that all power that could be found was removed to the building that
Is gone to be demolished 10-25-12

Thank You

Timothy O'Brien Owner





TREXLEERTOWN 610-530-8252
 FAX 610-530-8359
 TOLL-FREE 877-353-3336
 ALLENTOWN 610-434-0331
 BETHLEHEM 610-866-9132
 CLINTON, NJ 908-238-0114
 EASTON 610-252-8125

FLEMINGTON, NJ 908-237-0373
 HAMBURG 610-562-8636
 KUTZTOWN 610-683-8335
 LANSDALE 215-361-8669
 PALMERTON 610-824-8118
 PENNSBURG 215-541-2260

PHILLIPSBURG, NJ 908-236-0068
 PERKASIE 215-453-5737
 POTTSTOWN 610-323-2022
 QUAKERTOWN 215-636-5044
 READING 610-376-6000
 WYOMISSING 610-374-7478

Home Protection Plan

Name EM. PAULINE CAUDY Date 10/31/2012
 Address 22 SPIND STREET Home Phone () [REDACTED]
 City WEST READING State PA Zip _____ Work Phone () _____
 Email Address _____
 Service Locations 125 BROWN & BAZ WAZHUS
 City _____ State _____ Zip _____ Work Phone () _____

A one time corrective service may be necessary for immediate action to an existing pest problem. The Home Protection Plan is designed to provide protection against recurring insect or rodent problems listed below:

- Bees
- Bird Lice
- Boxelder
- Brown Dog Ticks
- Carpenter Ants
- Carpenter Bees
- Carpet Beetles
- Centipedes
- Citronella Ants
- Clothes Moths
- Clover Mites
- Crickets
- Drain Flies
- Fleas
- Fruit Flies
- Grain Insects
- Ground Beetles
- Honey Bees
- Hornets
- Mice
- Millipedes
- Oriental Roaches
- Pantry Pests
- Pavement Ants
- Pharaoh Ants
- Pill Bugs
- Rats
- Silverfish
- Sow Bugs
- Spiders
- Stinkbugs
- Weevils
- Indian Meal Moths
- Yellow Jackets
- Springtails

Not included are Termites, (except if termite protection option is elected below), Bed Bugs (except if Bed Bug protection is elected below), wood boring insects, moles and other free flying insects such as mosquitoes.

Features of the Home Protection Plan:

1. Year Round Protection against pests listed above
2. Scheduled visits at _____ Monthly or _____ Quarterly intervals
3. Prompt response for additional visits when needed at NO Extra Charge
4. Complete inspection in and around your home along with a treatment for insects and rodents
5. A visual termite inspection in accessible areas during the winter service.

One Time Corrective Service Pest Control Before Departing - \$275.00 \$ 291.50
 One Time Corrective Service with Home Protection Plan \$ _____
 Home Protection Plan _____ Monthly _____ Quarterly \$ _____
 Termite Protection Plan included Yes / No (circle one) _____ \$ _____
 Bed Bug Protection Plan included: Yes / No (circle one) _____ \$ _____
 Special Instructions _____

Payment Options:

Auto Payment (Home Protection Plan, Termite Protection Plan, Bed Bug Protection Plan)
 Payment can be made using a credit card (Visa, MasterCard, Discover) and charged monthly.
 Charge for Auto Payment will be made on the 1st or 15th of _____ Monthly Payment \$ PIA

This is my authorization to charge to my Visa/Discover/MasterCard account for the corrective or introductory service fee after is performed. The monthly protection fee is to be charged on 1st or the 15th of each month beginning the month of _____. There are no interest and no finance charges if you pay the balance due on your credit/debit card each month. My credit will be reduced only by the amount of the monthly fee.

Credit Card # _____ CIN# _____ (Exp. Date) _____
 (Initials) PIA

PIA (Paid in Advance)

By paying for all the service for the year, Seitz Bros. will give you a _____ % discount.
 Total PIA Cost \$ 291.50 (CASH)

Other - Additional payment options are available, however, since Auto Payment and PIA offer cost savings to customers and Seitz Bros., a \$4.00 billing fee will apply.

The party of the first part requests Seitz Bros. Exterminating, Inc., to make PIA service call(s) during the period of this contract and any renewal thereafter as its standard charge in existence during the period of such services, and agrees that service charges are non-cancelable.

The parties hereto agree to continue this contract from year to year unless notified to the contrary, in writing at least 30 days prior to the expiration of each year. Any guarantee expressed or implied is limited to pest control treatment only. Seitz Bros. Exterminating Inc. will not be responsible to replace, repair, or otherwise remedy damage at any time. This contract is for the control of the above named pests and excludes termites and all wood destroying insects, unless specified above.

Any controversy of claim arising out of, or relating to this Agreement, or from services rendered under its terms, will be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

In witness whereof, the parties affixed their seals the day and year above set forth.
NOTICE: YOU THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. ALSO, ANY LIABILITIES ARISING FROM THIS AGREEMENT SHALL BE RESTRICTED TO THE PURCHASE PRICE OF THE TREATMENT.

 Authorized Company Signature
10/31/2012

 Customer Signature
10/31/12