

DELAWARE COUNTY PLANNING COMMISSION

APPLICATION FOR ACT 247 REVIEW

Incomplete applications will be returned and will not be considered "received" until all required information is provided.

Please type or print legibly

DEVELOPER/APPLICANT

L. Stephen & Dolores Sudhop
Name T/A Woodland Preserve E-mail

Address 896 Palmers Mill Road Media, PA 19063 Phone 610-420- 1390

Name of Development Land Development Plan "Woodland Preserve" for Stephen & Dolores Sudhop

Municipality Marple Township

ARCHITECT, ENGINEER, OR SURVEYOR

Herbert E. MacCombie, Jr., P.E.
Name of Firm Consulting Engineers & Surveyors, Inc. Phone 610-356-9550

Address P.O. Box 118 Broomall, PA 19008

Contact James W. MacCombie, P.E., P.L.S.E-mail hem.engineers@verizon.net

Table with 5 columns: Type of Review, Plan Status, Existing Utilities, Proposed Utilities, Environmental Characteristics. Includes checkboxes for Zoning Change, Land Development, Subdivision, PRD, Sketch, Preliminary, Final, Tentative, Public/Private Sewerage/Water, Wetlands, Floodplain, Steep Slopes.

Zoning District R-A Residential

Tax Map #25/33/049

Tax Folio #25 / 00 / 03633 / 00
25 / 00 / 03523 / 00

STATEMENT OF INTENT

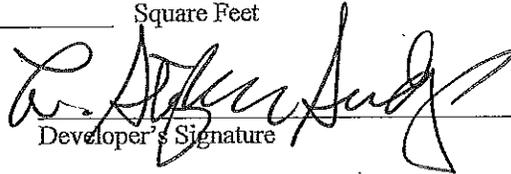
WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE.

Existing and/or Proposed Use of Site/Buildings:

Devlop Several Existing single - Family properties into a single continuing
Care Retirement Community

Total Site Area	<u>46.0627</u>	Acres
Size of All Existing Buildings	<u>25,522</u>	Square Feet
Size of All Proposed Buildings	<u>272,510</u>	Square Feet
Size of Buildings to be Demolished	<u>25,522</u>	Square Feet

L. Stephen Sudhop
Print Developer's Name


Developer's Signature

MUNICIPAL SECTION

ALL APPLICATIONS AND THEIR CONTENT ARE A MUNICIPAL RESPONSIBILITY.

Local Planning Commission Regular Meeting

Local Governing Body Regular Meeting

Municipal request for DCPD staff comments prior to DCPC meeting, to meet municipal meeting date:

Actual Date Needed _____

IMPORTANT: If previously submitted, show assigned DCPD File # _____

Print Name and Title of Designated Municipal Official

Phone Number

Official's Signature

Date

FOR DCPD USE ONLY

Review Fee: Check # _____ Amount \$ _____ Date Received _____

Applications with original signatures must be submitted to DCPD.