

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

Name Marple Associates c/o Joseph A. Damico, Jr., Esq. E-mail jad@petrikin.com

Address 109 Chesley Drive, Media, PA 19063 Phone 610-892-1854

Name of Development Mid-County Square

Municipality Marple Township

ARCHITECT, ENGINEER, OR SURVEYOR

Name of Firm Chester Valley Engineers Phone 610-644-4623

Address 83 Chestnut Road, P.O. Box 447, Paoli, PA 19301

Contact Neal J. Camens, P.E. E-mail ncamens@chesterv.com

Table with 5 columns: Type of Review, Plan Status, Utilities Existing, Utilities Proposed, 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 0-1 (26.77 Acres) R-1 (4.36 Acres)

Tax Map # \_ / \_ / \_ \_ \_

Tax Folio # \_ / \_ / \_ \_ \_ \_ / \_ \_

Tax Folio # 25-00-05303-33
Tax Folio # 25-00-05065-00
Tax Folio # 25-00-05068-00
Tax Folio # 25-00-05067-00

**STATEMENT OF INTENT**

WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE.

Existing and/or Proposed Use of Site/Buildings:

Create a new Zoning District entitled "Highway Interchange District"  
(Text Amendment) and rezone 30.63 acres to Highway Interchange District

Total Site Area	<u>30.63</u>	Acres
Size of All Existing Buildings	<u>N/A</u>	Square Feet
Size of All Proposed Buildings	<u>N/A</u>	Square Feet
Size of Buildings to be Demolished	<u>N/A</u>	Square Feet

Marple Associates  
Print Developer's Name

  
Developer's Signature  
Joseph A. Damico, Jr., Esquire  
Attorney for Marple Associates

**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.**