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

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DEVELOPER/APPL	LICANT			
Name GPX REALTY PARTNERS (ATTN: JOE CONWELL) E-mail CONWELL@GPXREALTY.COM				
Address 357 SOUTH C	GULPH ROAD, KIN	NG OF PRUSSIA, PA 19	9406 Phone 610-220)-3997
Name of Development	200 S. ITHAN SUBD	IVISION		
Municipality_RADNOR	FOWNSHIP			
ARCHITECT, ENGI	NEER, OR SURV	/EYOR		
Name of Firm MOMENEE INC.		Phone 610-527-3030		
Address 924 COUNTY Contact DAVID R. FIORE		YN MAWR, PA 19010 E-mail DFIC	PRELLO@KARINSENGINE	EERING.COM
Type of Review	Plan Status	Utilities Existing	Proposed	Environmenta
☐ Zoning Change	Sketch	☑ Public Sewerage	☑ Public Sewerage	Characteristic
☑ Land Development	✓ Preliminary	☐ Private Sewerage	☐ Private Sewerage	☐ Wetlands
✓ Subdivision	☐ Final	✓ Public Water	✓ Public Water	☐ Floodplain
☐ PRD	☐ Tentative	Private Water	☐ Private Water	☑ Steep Slopes
Zoning District_R-2 DM			x Map # 36 / 24 / 116 x Folio # 36 / 04 / 02344	/ 00

WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE. Existing and/or Proposed Use of Site/Buildings: MERGE EXISTING VACANT LOTS 1, 52, 57 & 58 AND SUBDIVIDE INTO 9 NEW RESIDENTIAL LOTS TO BE SERVED BY A NEW CUL-DE-SAC ROADWAY PROJECT INCLUDES PARCELS 36-24-116:000, 36-24-189:000, 36-24-187:000 AND 36-24-184:000 Total Site Area 6.946 Acres Size of All Existing Buildings 2,038 Square Feet 33,300+/-Size of All Proposed Buildings Square Feet Size of Buildings to be Demolished 2,038 Square Feet JOSEPH S. CONWELL Print Developer's Name 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 Check # Review Fee: Amount \$_____

STATEMENT OF INTENT

Applications with original signatures must be submitted to DCPD.