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/APPL	ICANT			
Name Timothy Rubin		E-mail trubin	1206@gmail.com	
Address_931 Haverfo		Mawr, PA 19010	Phone_(215)34	41-7518
Municipality_Radnor T				
ARCHITECT, ENGIN	NEER, OR SURV	EYOR		
Name of Firm_Schock Group LLC Phone_(610)590-7326				
Address_1958 Butler	Pike, Suite 20	00, Conshohocken,	PA 19428	
Contact William Dagge	ett	E-mail_wdaggett@schockgroup.com		
Type of Review	Plan Status	Utilities Existing	Proposed	Environmental Characteristics
☐ Zoning Change	Sketch	Public Sewerage	Public Sewerage	Characteristics
✓ 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_C-1			x Map # <u>36/ 41/ 099</u> x Folio # <u>36/ 05/ 03031</u>	_ / 00_

STATEMENT OF INTENT WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE.						
Existing and/or Proposed Use of Site/Buildings:						
The existing property contains three multi-family residential buildings on the lot.						
The proposed property intends to reconstruct one of the buildings and add a third residential unit.						
The construction will be completed in place by using the existing building foundation.						
Total Site Area	0.6424	Acres				
Size of All Existing Buildings	5,871	Square Feet				
Size of All Proposed Buildings	roposed Buildings 5,871 Square Feet					
Size of Buildings to be Demolishe	_ Square Feet					
Timothy Rubin Print Developer's Name Timothy Rubin 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 Designate	ed Municipal Official	P	hone Number			
Official's Signature		Date				
FOR DCPD USE ONLY						
Review Fee: Check	# Amou	nt \$ D	ate Received			

Applications with original signatures must be submitted to DCPD.