## **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	LICANT				
Name_Christy Flynn		E-mail cflynr	ynn@rockwellcustom.com		
Address 236 North Aberdeen Avenue, Wayne, PA 19087			Phone 484-614-5876		
Name of Development	236 North Aberdeen				
Municipality Radnor To	wnship				
ARCHITECT, ENGI	NEER, OR SURV	EYOR			
Name of Firm_Yohn Engineering, LLC			hone_610-489-4580		
Address_555 Second A	Avenue, Suite B-2	05, Collegeville, PA 19	426		
Contact_Christopher C. Yohn, P.E., CPESC E-mail_chris@yohnengineering.com					
Type of Review	Plan Status	Utilities Existing	Proposed	Environmental Characteristics	
Zoning Change	Sketch	☐ Public Sewerage	✓ Public Sewerage		
✓ 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-5			x Map # 36 / 13 / 120 x Folio # 36 / 01 / 00015	/ 00	

STATEMENT OF INTENT WRITING "SEE ATTACHED	PLAN" IS NOT AC	CEPTABLE.			
Existing and/or Proposed Use o	f Site/Buildings:				
The property currently houses one sing	gle family dwelling. The A	applicant proposes to c	demolish the existing residence, subdivide		
the property, and construct two new to	win dwelling units.				
Total Site Area	0.4056	Acres			
Size of All Existing Buildings	715	Square	Feet		
Size of All Proposed Buildings	4,430	Square	Feet		
Size of Buildings to be Demolished 715 Square Feet					
Christy Flynn Print Developer's Name		Developer's Sign	anature flynu		
MUNICIPAL SECTION ALL APPLICATIONS AND TI	HEIR CONTENT AI	RE A MUNICIPA	L RESPONSIBILITY.		
Local Planning Commission	Regular Meeting				
Local Governing Body	Regular Meeting				
Municipal request for DCPD sta	aff comments prior to	DCPC meeting, t	o meet municipal meeting date:		
Actual Date Needed					
IMPORTANT: If previously sul	omitted, show assign	ed DCPD File#_			
Print Name and Title of Designa	ated Municipal Offici	ial	Phone Number		
Official's Signature			Date		
FOR DCPD USE ONLY					
Review Fee: Chec	k #	Amount \$	Date Received		

Applications with original signatures must be submitted to DCPD.