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CALN TWP  
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# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 4/12/19

REQUEST SUBMITTED BY:    X E-MAIL                    U.S. MAIL                    FAX                    IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Caln Township, Chester County, PA

NAME OF REQUESTER: Maria Fraguada and Barbara Wisniewski, Construction Information Systems

STREET ADDRESS: 170 Kinnelon Road

CITY/STATE/COUNTY/ZIP (Required): Kinnelon, NJ - Morris County,

TELEPHONE (Optional): [REDACTED]                    EMAIL (optional): [REDACTED]

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

Please email a copy of only those pages of the Land Board application for Chester County School Authority Horticultural building that include:

- Description of what applicant proposes to build
- Square footage of any new construction (not site plans)
- the names, addresses and telephone numbers for: 1) Applicant, 2) Owner, 3) Architect, 4) Attorney and 5) Engineer.

Thank you!

DO YOU WANT COPIES? YES (Digital) or NO  
DO YOU WANT TO INSPECT THE RECORDS? YES or NO  
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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### FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER: A. Swan  
DATE RECEIVED BY THE AGENCY: 4/12/19  
AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 4/22/19

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*



## SUBDIVISION / LAND DEVELOPMENT PLAN APPLICATION

PROJECT NAME (TO BE COMPLETED BY TOWNSHIP): _____	
NAME OF APPLICANT: _____	
DATE OF APPLICATION: _____	SUBMISSION # _____
LOCATION OF PROPERTY: _____	
TAX PARCEL ID NUMBER: _____	ZONING DISTRICT: _____

**TYPE OF SUBMISSION:**

_____ SKETCH PLAN (8)	_____ FINAL PLAN (8)
_____ PRELIMINARY PLAN (8)	_____ OTHER

**IN ADDITION: (1) 11X17 PLAN AND A CD OR FLASH DRIVE CONTAINING ALL PLANS IS REQUIRED.**

APPLICANT'S NAME: _____	_____
MAILING ADDRESS: _____	_____
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	_____

OWNER OF RECORD: _____	_____
MAILING ADDRESS: _____	_____
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	_____

PROJECT ATTORNEY: _____	_____
MAILING ADDRESS: _____	_____
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	_____

PROJECT ENGINEER	_____
MAILING ADDRESS: _____	_____
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	_____





I \_\_\_\_\_ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY CALN TOWNSHIP. TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. FURTHER, I HEREBY AGREE TO THE FOLLOWING SPECIFIC TERMS AND CONDITIONS:

- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CALN TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CALN TOWNSHIP.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
- (3) I HEREBY AGREE TO COMPLETE AND SUBMIT TO CALN TOWNSHIP, THE CHESTER COUNTY REFERRAL FORM AND APPLICABLE FEES WITH THIS APPLICATION.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE OF APPLICATION
SIGNATURE OF WITNESS	DATE

<b>FOR MUNICIPAL USE ONLY</b>	<b>AUTHORIZED STAFF MEMBER:</b> _____
APPLICATION NAME: _____	APPLICATION # _____
SUBMISSION DATE: _____	SUBMISSION NUMBER: _____
CALN TWP. FEE: _____	CHECK NUMBER: _____ DATE: _____
CHESTER COUNTY PC FEE: _____	OTHER APPLICATION FEES: _____
DATE APPLICATION WILL BE REVIEWED BY TOWNSHIP PLANNING COMMISSION: _____	
APPLICATION COMPLETENESS REVIEW: _____	DATE: _____