



253 Municipal Dr, Thorndale, PA 19372  
Phone: 610-384-0600 | Fax: 610-384-0617  
www.calm township.org

## ZONING HEARING BOARD APPLICATION

NAME OF APPLICANT: JLLAR, LLC

DATE OF APPLICATION: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

LOCATION OF PROPERTY: 4575, 4533 & 4531 Lincoln Hwy.

TAX PARCEL ID NUMBER: 39-5-10.3/39-5-9/ 39-5-9.1 ZONING DISTRICT: R-2 & C-1, Lincoln Hwy  
Overlay District Zone 2

**TYPE OF APPLICATION:**

\_\_\_\_\_  
X  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ZONING VARIANCE APPLICATION  
SPECIAL EXCEPTION  
ZONING OFFICER APPEAL  
OTHER

APPLICANT'S NAME: JLLAR, LLC

MAILING ADDRESS: 1328 Medford Road, Wynewood, PA 19096

PHONE NUMBER: 484-905-2459 FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: ed.weingartner@gmail.com

OWNER OF RECORD: JLLAR, LLC

MAILING ADDRESS: 1328 Medford Road, Wynewood, PA 19096

PHONE NUMBER: 484-905-2459 FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: ed.weingartner@gmail.com

PROJECT ATTORNEY: Louis J. Colagreco, Jr., Esquire

MAILING ADDRESS: 717 Constitution Drive, Suite 201, Exton, PA 19341

PHONE NUMBER: 610-458-4400 FAX NUMBER: 610-458-4441

E-MAIL ADDRESS: Lou@rrhc.com

PROJECT ENGINEER Christopher M. Daily, P.E

MAILING ADDRESS: 1250 Wrights Lane, West Chester, PA 19380

PHONE NUMBER: 610-918-9002 FAX NUMBER: 610-918-9003

E-MAIL ADDRESS: cdaily@dlhowell.com

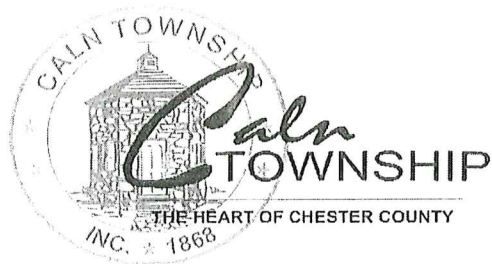


253 Municipal Dr, PO Box 72149, Thorndale, PA 19372  
 Phone: 610-384-0600 | Fax: 610-384-0617  
 www.calntownship.org

BASIS FOR ZONING VARIANCE AND/OR SPECIAL EXCEPTION APPLICATION	
SECTION(s) OF ZONING ORDINANCE INVOLVED	PROVIDE A BRIEF DESCRIPTION OF ACTION REQUESTED
155-35(E)	Applicant requests a Special Exception for installation of a sanitary sewer line within the 50 ft. wetland buffer

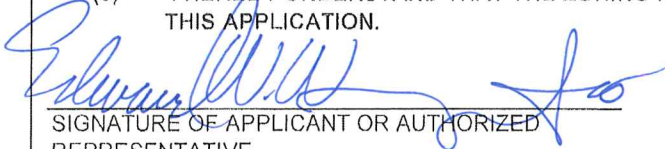
THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

- (1) ONE (1) ORIGINAL APPLICATION.
- (2) FIVE (5) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE.
- (3) FIVE (5) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED.
- (4) A CD OF ALL FILES SUBMITTED WITH APPLICATION WHEN DEEMED NECESSARY.
- (5) PDF FILE OF PLAN REQUIRED WHEN DEEMED NECESSARY.
- (6) PHOTOGRAPHS OF THE PROPERTY.
- (7) PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED.
- (8) THE REQUIRED APPLICATION FEE AS PRESCRIBED BY CALN TOWNSHIP.
- (9) TOWNSHIP WILL PROVIDE LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS.
- (10) A DETAILED WRITTEN DESCRIPTION OF THE ACTION REQUESTED WITH THIS APPLICATION.
- (11) APPLICATION TO BE SUBMITTED WITHIN THE FIRST WEEK (PREFERABLY MONDAY OR TUESDAY OF THE MONTH PRECEDING THE DATE OF THE HEARING.



253 Municipal Dr, PO Box 72149, Thorndale, PA 19372  
Phone: 610-384-0600 | Fax: 610-384-0617  
www.calntownship.org

- (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 UNDERSTAND THAT THE ZONING HEARING BOARD IS NOT OBLIGATED TO APPROVE THIS APPLICATION.

  
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE OF APPLICATION

FOR MUNICIPAL USE ONLY

AUTHORIZED STAFF MEMBER: \_\_\_\_\_

APPLICATION NAME: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

SUBMISSION DATE: \_\_\_\_\_ SUBMISSION NUMBER: \_\_\_\_\_

CALN TWP. FEE: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE APPLICATION WILL BE CONSIDERED BY THE TOWNSHIP ZONING HEARING BOARD: \_\_\_\_\_

APPLICATION COMPLETENESS REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_