PLUS 2007-06-07
Preliminary land Use Service (PLUS)

Delaware State Planning Coordination

540 S. DuPont Highway • Dover, DE 19901 • Phone: 302-739-3090 • Fax: 302-739-6958

Please complete this "PLUS application in its entirety. All questions must be answered. If a question is unknown at this time or not applicable, please explain. Unanswered questions on this form could lead to delays in scheduling your review. This form will enable the state staff to review the project before the scheduled meeting and to have beneficial information available for the applicant and/or developer at the time of review. If you need assistance or clarification, please call the State Planning Office at (302) 739-3090. Possible resources for completing the required information are as follows:

www.state.de.us/planning
www.dnrec.state.de.us/dnrec2000/
www.dnrec.state.de.us/DNRECeis/
datamil.udel.edu/
www.state.de.us/deptagri/

1. Project Title/Name: CAPE MEDICAL CAMPUS
2. Location (please be specific): LEWES, DE. NEAR INTERSECTIONS OF CEDARS GROVE RD., PLANTATION RD., & POSTAL LANE
3. Parcel Identification #: 3-34 12.00 2.00
4. County or Local Jurisdiction Name: SUSSEX
5. Owner's Name: JANE SAYERS

Address: 401 MANSION PARK

City: WILMINGTON	State: DE	Zip: 19804
Phone:	Fax:	Email:

6. Applicant's Name: TODD BARIGLIO

Address: 116 SOUTH BROAD STREET, SUITE B

City: KENNET SQUARE	State: PA	Zip: 19348
Phone:302-224-5100	Fax: 302-224-5101	Email: TODD@BARIGLIO.COM

7. Project Designer/Engineer: BECKER MORGAN GROUP, INC.

Address: 309 SOUTH GOVERNORS AVE.

City: DOVER	State: DE	Zip: 19904
Phone: 302-734-7950	Fax: 302-734-7965	Email: MRIEMANN@BECKERMORGAN.COM

8. Please Designate a Contact Person, including phone number, for this Project: MIKE RIEMANN, P.E. 302-734-7950

Information Regarding Site:

9. Type of Review: X Rezoning ☐ Comp. Plan Amendment (Kent County Only) ☐ Site Plan Review ☐ Subdivision

10. Brief Explanation of Project being reviewed:

REZONING OF PARCEL FROM MR TO B-1

11. Area of Project(Acres +/-): 9 ACRES +/-

12. According to the State Strategies Map, in what Investment Strategy Level is the project located? ☐ Investment Level 1 X Investment Level 2 ☐ Investment Level 3 ☐ Investment Level 4 ☐ Environmentally Sensitive Developing (Sussex Only)

13. If this property has been the subject of a previous LUPA or PLUS review, please provide the name(s) and date(s) of those applications.
NO

14. Present Zoning: MR – MEDIUM DENSITY RESIDENTIAL	15. Proposed Zoning: B-1 – NEIGHBORHOOD BUSINESS DISTRICT
16. Present Use: VACANT	17. Proposed Use: MEDICAL OFFICE COMPLEX

18. If known, please list the historical and former uses of the property, and any known use of chemicals or hazardous substances:
NONE

19. Comprehensive Plan recommendation:
If in the County, which area, according to their comprehensive plan, is the project located in:

New Castle ☐ Kent ☐ Sussex X

Suburban ☐ Inside growth zone ☐ Town Center ☐ Low Density ☐
Suburban reserve ☐ Outside growth zone ☐ Developing X
Other ☐ Environ. Sensitive Dev. District X

20. Water: ☐ Central (Community system) ☐ Individual On-Site X Public (Utility)
Service Provider Name:

Will a new public well be located on the site? ☐ Yes X No What is the estimated water demand for this project? UNKNOWN

How will this demand be met? CONNECTION TO EXISTING SYSTEM

21. Wastewater: ☐ Central (Community system) ☐ Individual On-Site X Public (Utility)
Service Provider Name: SUSSEX COUNTY

22. If a site plan please indicate gross floor area: N/A

23. If a subdivision: ☐ Commercial ☐ Residential ☐ Mixed Use N/A

24. If residential, indicated the number of number of Lots/units: N/A Gross Density of Project: N/A Net Density N/A
Gross density should include wetlands and net density should exclude wetlands, roads, easements, etc..

25. If residential, please indicate the following: N/A
Number of renter-occupied units:
Number of owner-occupied units:

Target Population (check all that apply):
Renter-occupied units
☐ Family
☐ Active Adult (check only if entire project is restricted to persons over 55)
Owner-occupied units
☐ First-time homebuyer – if checked, how many units
☐ Move-up buyer – if checked, how many units
☐ Second home buyer – if checked, how many units
☐ Active Adult (Check only if entire project is restricted to persons over 55)

26. Present Use: % of Impervious Surfaces: N/A Proposed Use: % of Impervious Surfaces: N/A
Square Feet: N/A Square Feet: N/A

27. What are the environmental impacts this project will have? N/A

How much forest land is presently on-site? 0 ACRES How much forest land will be removed? 0 ACRES

Are there known rare, threatened, or endangered species on-site? ☐ Yes X No

Is the site in a sourcewater (for example, an excellent groundwater recharge) protection area? ☐ Yes X No
Recharge potential maps are available at
Kent County
http://www.udel.edu/dgs/Publications/pubsonline/hydromap11.pdf
Sussex County
http://www.udel.edu/dgs/Publications/pubsonline/hydromap12.pdf
New Castle County has a map viewer that shows the Wellhead protection areas and excellent recharge areas under Natural Features – Water Resources.
http://dmz-arcims02.co.new-castle.de.us/website/nccparcelmap2/viewer.htm

Does it have the potential to impact a sourcewater protection area? ☐ Yes X No

28. Is any portion of construction located in a Special Flood Hazard Area as defined by the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM)? ☐ Yes X No

Will this project contribute more rainwater runoff to flood hazard areas than prior to development? ☐ Yes X No If "Yes," please include this information on the site map.

29. Are there any wetlands, as defined by the U.S. Army Corps of Engineers or the Department of Natural Resources and Environmental Control, on the site? ☐ Yes X No

Are the wetlands: ☐ Tidal Acres
☐ Non-tidal Acres

If "Yes", have the wetlands been delineated? ☐ Yes ☐ No

Has the Army Corp of Engineers signed off on the delineation? ☐ Yes ☐ No

Will the wetlands be directly impacted and/or do you anticipate the need for wetland permits? ☐ Yes ☐ No If "Yes", describe the impacts:

Will there be ground disturbance within 100 feet of wetlands ☐ Yes ☐ No

30. Are there streams, lakes, or other natural water bodies on the site? ☐ Yes X No

If the water body is a stream, is it: ☐ Perennial (permanent) ☐ Intermittent ☐ Ephemeral (Seasonal)

If "Yes", have the water bodies been identified? ☐ Yes ☐ No

Will there be ground disturbance within 100 feet of the water bodies ☐ Yes ☐ No If "Yes", please describe :

31. Does this activity encroach on or impact any tax ditch, public ditch, or private ditch (ditch that directs water off-site)?
☐ Yes X No

If yes, please list name:

32. List the proposed method(s) of stormwater management for the site: MOST LIKELY STORMWATER MANAGEMENT POND WITH ACCOMPANYING SWALES AND STORM DRAIN SYSTEM

Define the anticipated outlet location(s) for stormwater generated by the site (for example, perennial stream, tax ditch, roadside swale, storm drain system, infiltration, etc.): STORM DRAIN SYSTEM

Will development of the proposed site create or worsen flooding upstream or downstream of the site? ☐ Yes X No

33. Is open space proposed? ☐ Yes X No If "Yes," how much? Acres Square Feet

Open space proposed (not including stormwater management ponds and waste water disposal areas) acres/Sq ft.

What is the intended use of the open space (for example, active recreation, passive recreation, stormwater management, wildlife habitat, historical or archeological protection)?

Where is the open space located?

Are you considering dedicating any land for community use (e.g., police, fire, school)? ☐ Yes ☐ No

34. Does it border existing natural habitat or preserved (for example, an agricultural preservation district or protected State Resource Area) land? ☐ Yes X No If "Yes," what are they?

35. Is any developer funding for infrastructure improvement anticipated? X Yes ☐ No If "Yes," what are they? WATER, WASTEWATER, STORM DRAIN, ROADS

36. Are any environmental mitigation measures included or anticipated with this project? ☐ Yes X No

Acres on-site that will be permanently protected

Acres on-site that will be restored

Acres of required wetland mitigation

Stormwater, erosion and sediment control, and construction best management practices (BMPs) that will be employed

Buffers from wetlands, streams, lakes, and other natural water bodies

37. Has any consideration been given to nuisance species (for example, mosquitoes or Canada geese)? ☐ Yes X No

38. Will this project generate additional traffic? X Yes ☐ No

How many vehicle trips will this project generate on an average weekday? A trip is a vehicle entering or exiting. If traffic is seasonal, assume the peak season UNKNOWN AT THIS TIME

What percentage of those trips will be trucks, excluding vans and pick-up trucks? UNKNOWN AT THIS TIME

39. If the project will connect to public roads, please specify the number and location of those connections. Please describe those roads in terms of number of lanes, width (in feet) of the lanes and any shoulders.
UNKNOWN AT THIS TIME, ENTRANCE MOST LIKELY OFF OF CEDAR GROVE CRIVE

40. Will the street rights of way be public, private, or town? N/A

41. Is any of the project's road frontage subject to the Corridor Capacity Preservation Program? ☐ Yes X No

42. Please list any locations where this project physically could be connected to existing or future development on adjacent lands and indicate your willingness to discuss making these connections. N/A

43. Are there existing or proposed sidewalks? X Yes ☐ No; bike paths X Yes ☐ No

Is there an opportunity to connect to a larger bike/pedestrian network? ☐ Yes X No

44. Is this site in the vicinity of any known historic/cultural resources or sites ☐ Yes X No

Has this site been evaluated for historic and/or cultural resources? ☐ Yes X No

Will this project affect, physically or visually, any historic or cultural resources? ☐ Yes X No
If "Yes," please indicate what will be affected (Check all that apply)

☐ Buildings/Structures (house, barn, bridge, etc.)
☐ Sites (archaeological)
☐ Cemetery

Would you be open to a site evaluation by the State Historic Preservation Office? X Yes ☐ No

42. Are any federal permits, licensing, or funding anticipated? ☐ Yes X No

43. Will this project generate any solid waste or require any special permits within State agencies to the best of your knowledge?
☐ YesX No If yes, please List them:

45. Please make note of the time-line for this project: APPROXIMATELY 3 YEARS

I hereby certify that the information on this application is complete, true and correct, to the best of my knowledge.

_____ _____
Signature of property owner Date

_____ _____
Signature of Person completing form Date
(If different than property owner)

Signed application must be received before application is scheduled for PLUS review.

This form should be returned to the Office of State Planning **electronically** at Dorothy.morris@state.de.us **along with an electronic copy of any site plans and development plans for this site**. Site Plans, drawings, and location maps should be submitted as image files (JPEG, GIF, TIF, etc.) or as PDF files. GIS data sets and CAD drawings may also be submitted. If electronic copy of the plan is not available, contact Dorothy at (302) 739-3090 for further instructions. A signed copy should be forwarded to the Office of State Planning, 540 S. DuPont Highway, Ste. 7, Dover, DE 19901. Thank you for this input. Your request will be researched thoroughly. **Please be sure to note the contact person** so we may schedule your request in a timely manner.

LAYER STATE: 11X17-200 SCALE

AERIAL PHOTO
CAPE MEDICAL CENTER

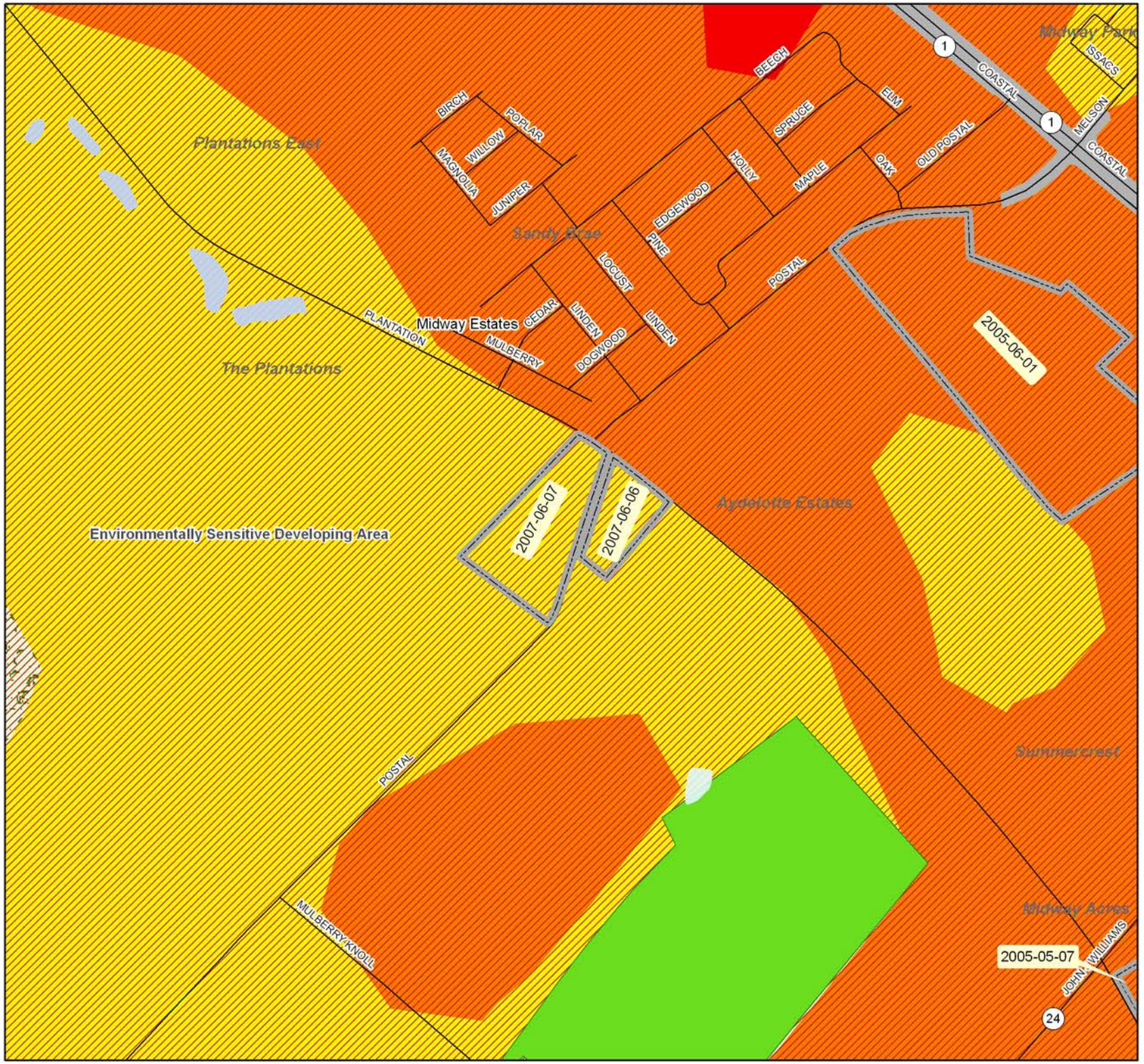
LEWES/REHOBOTH HUNDERD
SUSSEX COUNTY / DELAWARE

BECKER MORGAN GROUP
ARCHITECTURE
ENGINEERING
Dover
309 S. Governors Ave.
Dover, DE 19904
Ph. 302.734.7950
Fax 302.734.7965

BMG: 2006197.00
SCALE: 1" = 200'
DATE: 05/31/07
DRAWN BY: V.V.

1

F:\AutoCAD\Projects\2006\2006197\dwg\2006197-AERIAL.dwg 6/1/2007 1:43:41 PM EDT



Preliminary Land Use Service (PLUS)

Cape Medical Campus
2007-06-07

- Project Area
- Municipalities
- Purchased Dev. Rights
- Ag District
- Public Owned/Protected
- Forestry Easements
- Delaware State Forests
- Working Forests
- Highest Value Agriculture

Strategies

- Level 1
- Level 2
- Level 3
- Level 4
- Nat. Res. & Rec. Priorities
- Out of Play
- Area of Dispute
- Area of Study
- Env. Sens. Dev. (Sussex)

Feet
0 287.5 575 1,150

1:10,000

Delaware Office of State Planning Coordination

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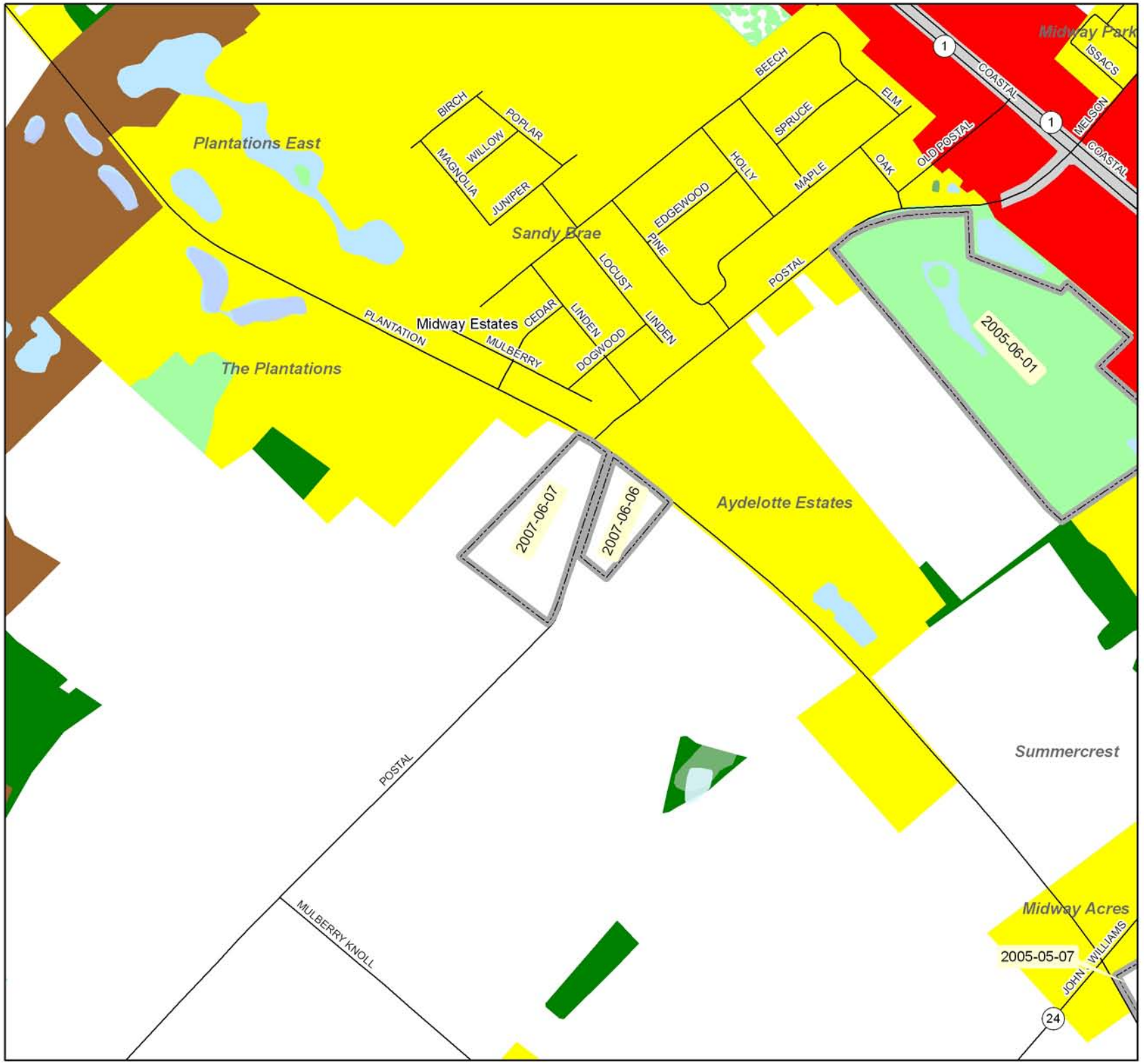
www.state.de.us/planning



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Project Area

Municipalities

2002 Land Use/Land Cover

- Residential
- Commercial/Urban
- Industrial
- Trans./Comm./Utilities
- Institutional/Governmental
- Recreational
- Agriculture
- Scrub/Clear Cut
- Forest
- Water
- Wetlands/Wet Woods
- Beach/Sandy Area
- Extraction/Transition

Feet
0 287.5 575 1,150

1:10,000

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Preliminary Land Use Service (PLUS)

Cape Medical Campus
2007-06-07

Project Area
Municipalities

Feet
0 62.5 125 250

1:2,194

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