

LAWRENCE LANK
DIRECTOR OF PLANNING & ZONING

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Sussex County

DELAWARE
sussexcountyde.gov

October 31, 2013

Mr. Zhenguo Zhang
30075 Stage Coach Circle
Milford, DE 19963

RE: Change of Zone Application
Tax Map I.D. 2-35-16.00 Parcel 64.00

Dear Mr. Zhang:

Please be advised that when I started preparing the Ordinance for introduction by the Sussex County Council for your application for rezoning I realized that the property in question is located in an Investment Level 4 per the Strategies for State Policies and Spending Document.

In an Investment Level 4 State policies will encourage the preservation of a rural lifestyle and discourage new development.

Since the property is located in an Investment Level 4 it will be necessary that you make application to the Office of State Planning Coordination for a Preliminary Land Use Service (PLUS) review prior to our scheduling your application for public hearing.

You should contact the Office of State Planning Coordination at (302) 739-3090 or at www.stateplanning.delaware.gov for a copy of the application form and explanation of the process.

Once you have filed your application with the Office of State Planning Coordination we can proceed with scheduling your application.

If you had continued with your original request for a Conditional Use, we could have proceeded with scheduling that application.

Should you have any questions, please do not hesitate to contact this Department.

Sincerely,

Lawrence B. Lank
Director of Planning and Zoning

Cc: Connie Holland, AICP
Director, Office of State Planning Coordination
122 Martin Luther King, Jr. Blvd South – Haslet Armory – Third Floor
Dover, DE 19901



COUNTY ADMINISTRATIVE OFFICES
2 THE CIRCLE | PO BOX 417
GEORGETOWN, DELAWARE 19947

Preliminary Land Use Service (PLUS)

Delaware State Planning Coordination

122 William Penn Street • Dover, DE 19901 • Phone: 302-739-3090 • Fax: 302-739-5661

Purpose of PLUS - -The PLUS process is intended to provide consolidated State comments regarding the proposed project. The Applicant is encouraged to submit the application during the concept stages of planning as this process often offers recommendations for changes to the plan. The application should be submitted after the pre-application meeting with the local jurisdiction but before formal application is made.

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.

PLUS Number (to be completed by OSPC): _____
 Investment Level Per Strategies for State Policies and Spending (to be determined by OSPC): _____

1. Project Title/Name: Zhang Oriental Medical Center

2. Location (please be specific): 14614 Coastal Highway, Milton, DE 19968

3. Parcel Identification #: 2-35-16.00-64.00

4. County or Local Jurisdiction Name: where project is located: **Sussex**

5. If contiguous to a municipality, are you seeking annexation:

6. Owner's Name: Zhenguo Zhang

Address: 30075 Stage Coach Circle

City: Milford

State: DE

Zip: 19963

Phone: 302 393 1431

Fax:

Email: **acupuncturede@gmail.com**

7. Equitable Owner/Developer (This Person is required to attend the PLUS meeting):

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

8. Project Designer/Engineer:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

9. Please Designate a Contact Person, including phone number, for this Project: **Zhenguo Zhang, 302-393-1431**

Information Regarding Site:	
10. Type of Review:	<input checked="" type="checkbox"/> Rezoning, if not in compliance with certified comprehensive plan <input type="checkbox"/> Site Plan Review <input type="checkbox"/> Subdivision
11. Brief Explanation of Project being reviewed:	Medical Center 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.
12. Area of Project (Acres +/-):	2.35 Number of Residential Units: 1 Commercial square footage:
13. Present Zoning:	14. Proposed Zoning:
AR	Commercial
15. Present Use:	16. Proposed Use:
living	Professional clinic office
17. Water:	<input type="checkbox"/> Central (Community system) <input checked="" type="checkbox"/> Individual On-Site <input type="checkbox"/> Public (Utility) Service Provider Name:
Will a new public well be located on the site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Wastewater:	<input type="checkbox"/> Central (Community system) <input checked="" type="checkbox"/> Individual On-Site <input type="checkbox"/> Public (Utility) Service Provider Name:
Will a new community wastewater system be located on this site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. If residential, describe style and market segment you plan to target (Example- Age restricted):	
20. Environmental impacts:	
How many forested acres are presently on-site? How many forested acres will be removed? No. 0	
To your knowledge, 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are the wetlands: <input type="checkbox"/> Tidal Acres: <input type="checkbox"/> Non-tidal Acres:	
If "Yes", have the wetlands been delineated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Army Corps of Engineers signed off on the delineation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will the wetlands be directly impacted and/or do you anticipate the need for wetland permits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe the impacts:	
How close do you anticipate ground disturbance to wetlands, streams, wells, or waterbodies? _____	
21. Does this activity encroach on or impact any tax ditch, public ditch, or private ditch (ditch that directs water off-site)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. List the proposed method(s) of stormwater management for the site:	
23. Is open space proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how much? Acres:	
What is the intended use of the open space (for example, active recreation, passive recreation, stormwater management, wildlife habitat, historical or archeological protection)?	
24. Are you considering dedicating any land for community use (e.g., police, fire, school)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

25. Please estimate 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 peak season: 5 ~ 6

What percentage of those trips will be trucks, excluding vans and pick-up trucks? 0

26. Will the project connect to state maintained roads? Yes No

27. 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.

28. Are there existing sidewalks? Yes No; bike paths Yes No
 Are there proposed sidewalks? Yes No; bike paths Yes

Is there an opportunity to connect to a larger bike, pedestrian, or transit network? Yes No

29. To your knowledge, is this site in the vicinity of any known historic/cultural resources or sites? Yes No

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

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

30. To promote an accurate review of your parcel's features, would you permit a State agency site visit? Yes No

Person to contact to arrange visit: Zhenguo phone number: 3023931431

31. Are any federal permits, licensing, or funding anticipated? Yes No

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

 Signature of property owner

11-5-2013
 Date

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

11-5-2013
 Date

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, 122 William Penn Street, 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.**

Parcel ID: 2-35-16.00-64.00

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Single Family
601291 Active

14614 COASTAL HIGHWAY Unit:0
MILTON, DE 19968

L\$279,000



MLS Area: Broadkill Hundred	Section: Betw een Rt. 1 & 113
County: Sussex	School Dist: Cape Henlopen
Community:	Bedrooms: 3
Building:	Full Baths: 2
# of Stories: 1	Half Baths: 0
New Const: No	Yr. Built: 1957
Waterfront: None	Waterview: None
Blocks to Ocean:	Furnished: No
Dwelling SQFT:	Rental: Yes
Historic Dist: No	Public Road: Yes
Lot Size-Sqft:	Lot Dim: 470x218
Lot Size-Acres:	Showing Instructions

2-35 acres

Previous | Next

Remarks: Picture your residence and/or office here. Fantastic location just 4 miles north of five points. Property has been well maintained and has several outbuildings. Approximately 470 ft. of road frontage on highly traveled Rt. 1.

Style: Rancher/Rambler	Const.: Stick/Frame
Ext. Type: Brick	Ext. Feat: Stable/Barn , Storage Shed/Outbuilding
Foundation: Concrete Block	Roofing: Asphalt Shingle
Basement: Full	Attic: Floored
Garage: Attached	Garage Size: 3
Driveway:	Parking: Garage
Porch/Deck: Patio(s)	Security:
Interior: Bedroom-Entry Level , Fireplace-Gas , Insulated Window (s) , MBED-Full Bath , Screen(s)	
Appliances: Dishwasher , Microwave , Oven-Self Cleaning	
Kitchen: Country Kitchen	Oth Rms: Workshop
Flooring: Hardwood , Vinyl	Extra Unit: Professional Office
Fireplace: None	Heating: Baseboard Water
Cooling: Central A/C	Lot Desc: Cleared , Subdividable
Pool:	Sewer: Gravity Septic
Disclosures:	Water: Well
Financing: Cash , Conventional	Exclusions:

Docs on file:
Comm. Amenities:
Could Be Sold As:

Room	Level	Dimensions	Room	Level	Dimensions
Living	F	17x16	Master BR	F	12x12
Dining			Bedroom 2	F	11x10
Kitchen	F	17x13	Bedroom 3	F	11x19
Family	F	12x20	Bedroom 4		
Other	L	29x41			

F = First floor L = Lower floor

Taxes & Fees are Annual Amounts

City Tax: \$	Rent Inc: \$13,800	Flood Ins. Avail:	Dock Type: None	City Limits: No
County Tax: \$710	Water Fee: \$	Sewer Fee: \$	Ground Rent: \$	Ground Rent Yrs:
Trash Fee: \$	HOA Fee: 0	Condo Fee: \$	Ownership: Fee Simple	Condo Own: No

Zoning: Agricultural/Residential

List Agt: MAGGIO/SHIELDS TEAM	Agent#: A01515	List Off: MAGGIO SHIELDS REAL ESTATE BROKERAGE
Office Ph: (302) 226-3770	Appt. Ph.: (800) 746-9464	Firm/Office: MAGGIO/0
Email: maggioshields@gmail.com	Cell: (302) 226-3770	Office Ph/Fax: (302) 226-3770 / (302) 226-3772
Alt. Agt: JOSEPH MAGGIO	Alt. Agt Cell: (302) 381-2268	

Tax Dist: 235	Tax Map: 16	Tax Parcel: 64	Tax Unit #: 0
Pend. Parcel #:	Internal List #:	Var. Rate Com: No	Owner: F&C Maison, LLC
Lockbox: None	Seller Contr: \$	Pend. Subdiv: No	
Showing Inst: Occupied , Call Before Showing		Contract Info:	
Listing Date: 01/31/2013			

Sub Agent: No	Sub Agt Amt:	Sub Agt %:	Sub Agt Bonus:
Buyer Brk: Yes	Buyer Brk Amt:	Buyer Brk %: 2.5	Buyer Brk Bonus:
Short Sale: No	Bank Notified: No	Addndm Aquired : No	Seller Disclosure: Yes

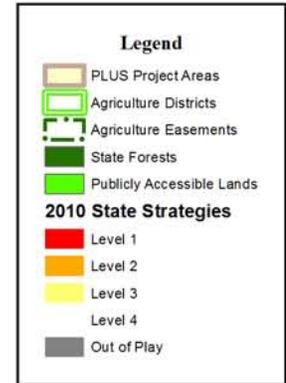
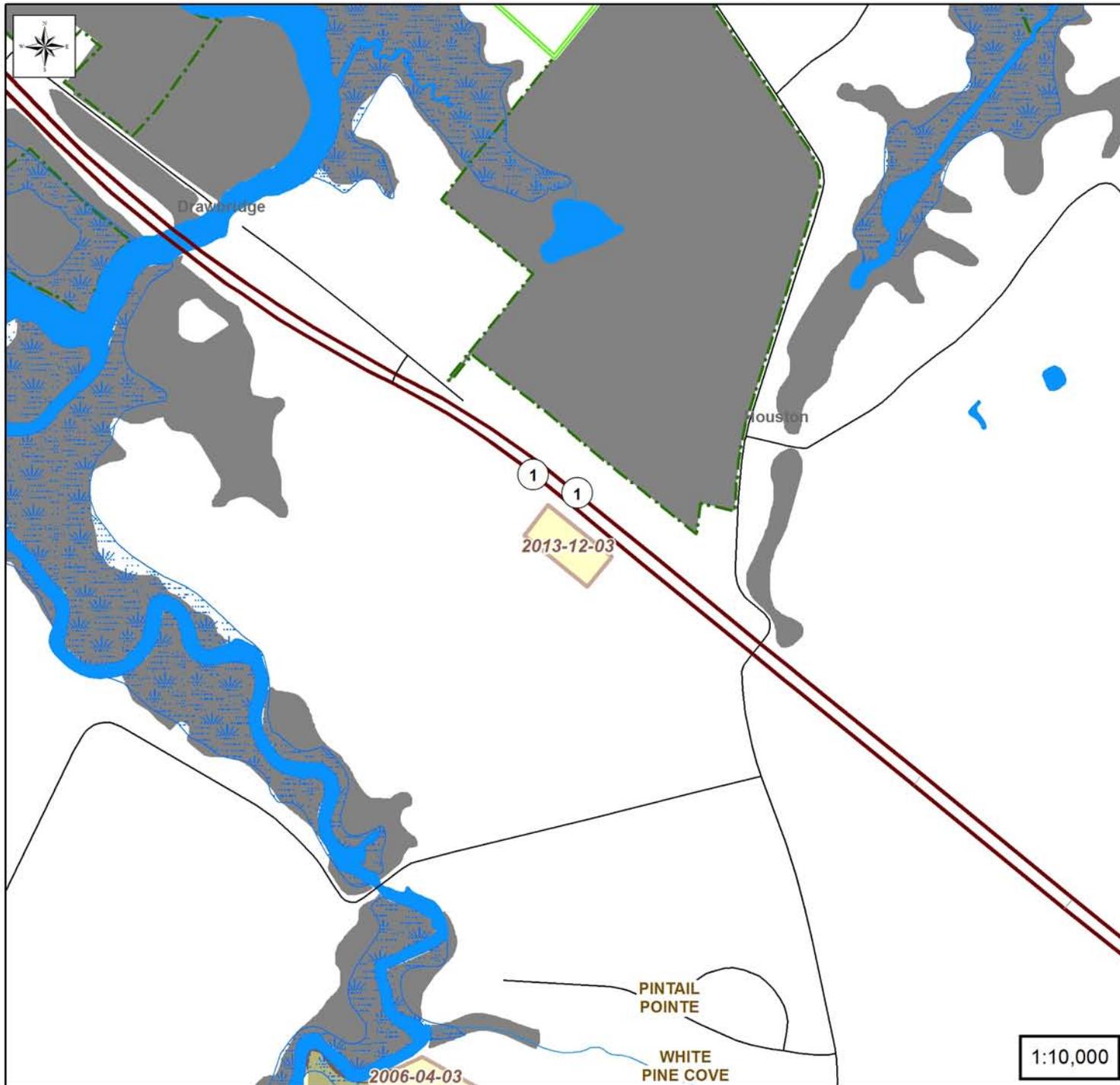
Listing Type: Exclusive Right to Sell **Listing Sub Type:** N/A **Financing:**

Auction Date: **Auction Time:** **Auction Price Determined By:**

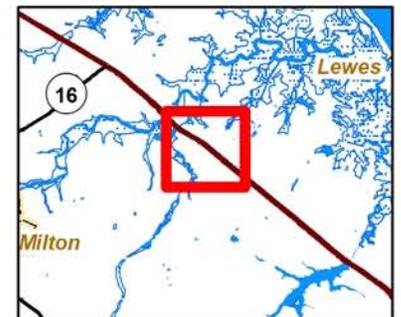
Directions/Agent Remarks: Call listing office to schedule show ings, 226-3770. Currently occupied, 48 hour notice required. Dir: Rt. 1 N., of the

Preliminary Land Use Service (PLUS)

Zhang Oriental Medical Center
2013-12-03



Location Map



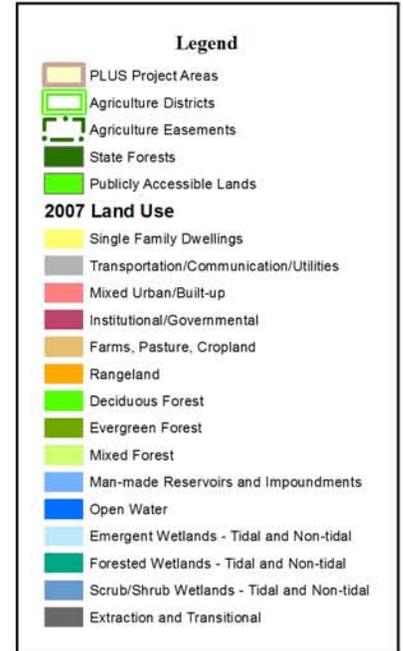
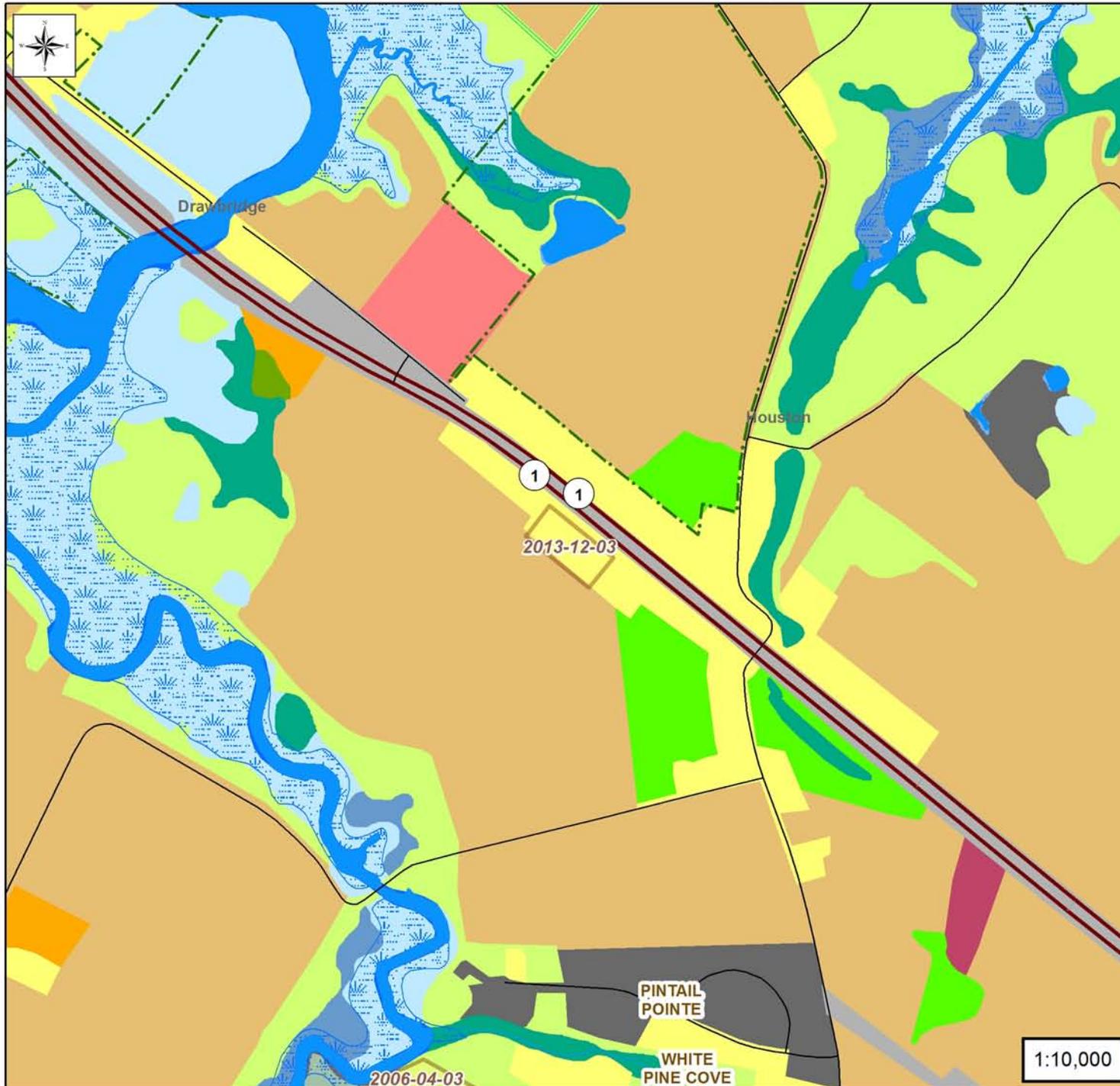
1:10,000



Mapping provided by the Delaware
Office of State Planning Coordination
www.stateplanning.delaware.gov

Preliminary Land Use Service (PLUS)

Zhang Oriental Medical Center
2013-12-03



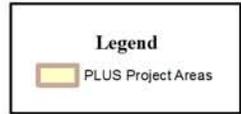
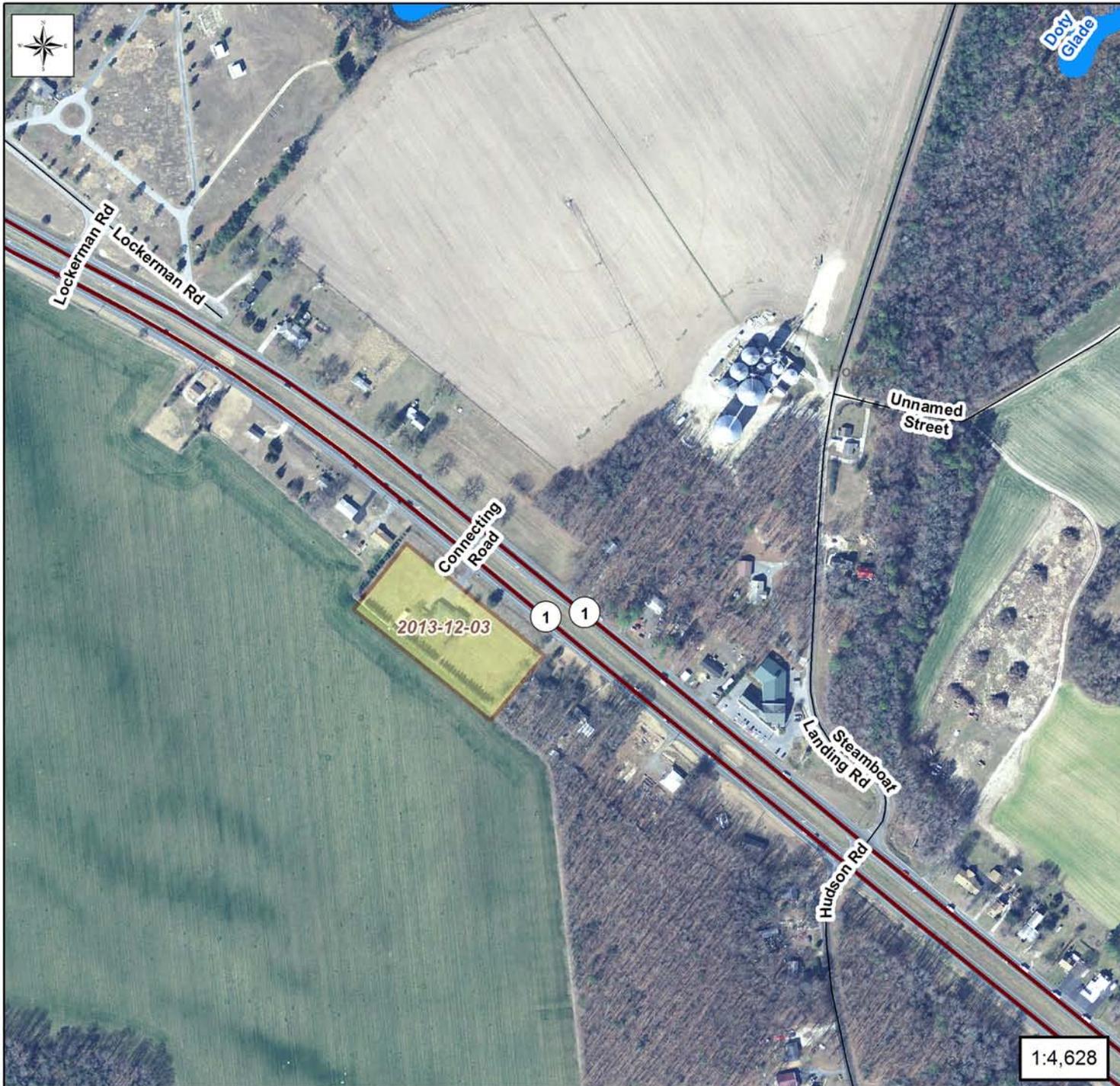
Location Map



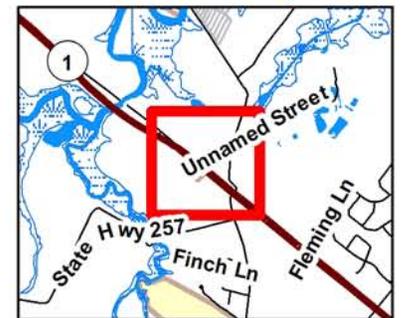
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Zhang Oriental Medical Center
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Location Map



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