

| | | | | | |
|--|--|--------|--|---|--|
| <h2 style="margin: 0;">Preliminary Land Use Service (PLUS)</h2> <p style="margin: 0;">Delaware State Planning Coordination 122 William Penn Street • Dover, DE 19901 • Phone: 302-739-3090 • Fax: 302-739-5661</p> | | | | | |
| <p>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.</p> | | | | | |
| <p>Please complete this PLUS application in its entirety. All questions <u>must</u> 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 <u>before</u> 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.</p> | | | | | |
| <p>PLUS Number (to be completed by OSPC): _____ Investment Level Per Strategies for State Policies and Spending (to be determined by OSPC): _____</p> | | | | | |
| 1. Project Title/Name: | | | | | |
| 2. Location (please be specific): | | | | | |
| 3. Parcel Identification #: | | | | 4. County or Local Jurisdiction Name: where project is located: | |
| 5. If contiguous to a municipality, are you seeking annexation: | | | | | |
| 6. Owner's Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Phone: | | Fax: | | Email: | |
| 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: | | | | | |

7-00-10404-05-2300-00001

- 7-00-10403-02-8600-00001
- 7-00-10403-02-8200-00001
- 7-00-10404-05-2900-00001
- 7-00-10403-02-4400-00001
- 7-00-10403-02-6200-00001
- 7-00-10404-05-2600-00001
- 7-00-10403-02-4600-00001
- 7-00-10403-02-6400-00001
- 7-00-10404-05-3100-00001
- 7-00-10403-02-4700-00001
- 7-00-10404-05-3800-00001
- 7-00-10403-02-4500-00001
- 7-00-10403-02-8000-00001
- 7-00-10404-05-3700-00001
- 7-00-10404-05-3000-00001
- 7-00-10403-02-5700-00001
- 7-00-10403-02-6800-00001
- 7-00-10404-05-3200-00001
- 7-00-10403-02-7400-00001
- 7-00-10403-02-6500-00001
- 7-00-10403-02-8700-00001
- 7-00-10403-02-7600-00001
- 7-00-10404-05-3600-00001
- 7-00-10403-02-8500-00001
- 7-00-10404-05-4000-00001
- 7-00-10404-05-2500-00001
- 7-00-10403-02-8400-00001
- 7-00-10404-05-3900-00001
- 7-00-10403-02-4900-00001
- 7-00-10403-02-7800-00001
- 7-00-10403-02-7000-00001
- 7-00-10403-02-4300-00001
- 7-00-10403-02-5600-00001
- 7-00-10404-05-3500-00001
- 7-00-10403-02-8800-00001
- 7-00-10403-02-6100-00001
- 7-00-10403-02-6300-00001
- 7-00-10403-02-4800-00001
- 7-00-10403-02-7700-00001
- 7-00-10403-02-5000-00001
- 7-00-10403-02-8300-00001
- 7-00-10403-02-7300-00001
- 7-00-10403-02-6600-00001
- 7-00-10403-02-8100-00001
- 7-00-10403-02-7100-00001
- 7-00-10403-02-5800-00001
- 7-00-10403-02-7500-00001
- 7-00-10403-02-6900-00001
- 7-00-10404-05-2800-00001
- 7-00-10403-02-7200-00001
- 7-00-10404-05-2100-00001
- 7-00-10403-02-7900-00001
- 7-00-10403-02-6700-00001
- 7-00-10404-05-2700-00001
- 7-00-10404-05-3300-00001
- 7-00-10404-05-2200-00001
- 7-00-10404-05-3400-00001
- 7-00-10403-02-5900-00001
- 7-00-10404-05-2400-00001
- 7-00-10403-02-6000-00001

| | | |
|---|------------------------------|----------------------------|
| Information Regarding Site: | | |
| 10. Type of Review: <input 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: 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 +/-): | Number of Residential Units: | Commercial square footage: |
| 13. Present Zoning: | | 14. Proposed Zoning: |
| 15. Present Use: | | 16. Proposed Use: |
| 17. Water: <input type="checkbox"/> Central (Community system) <input 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 type="checkbox"/> No | | |
| 18. Wastewater: <input type="checkbox"/> Central (Community system) <input 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 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? 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 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 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:

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

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: _____ phone number: _____

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

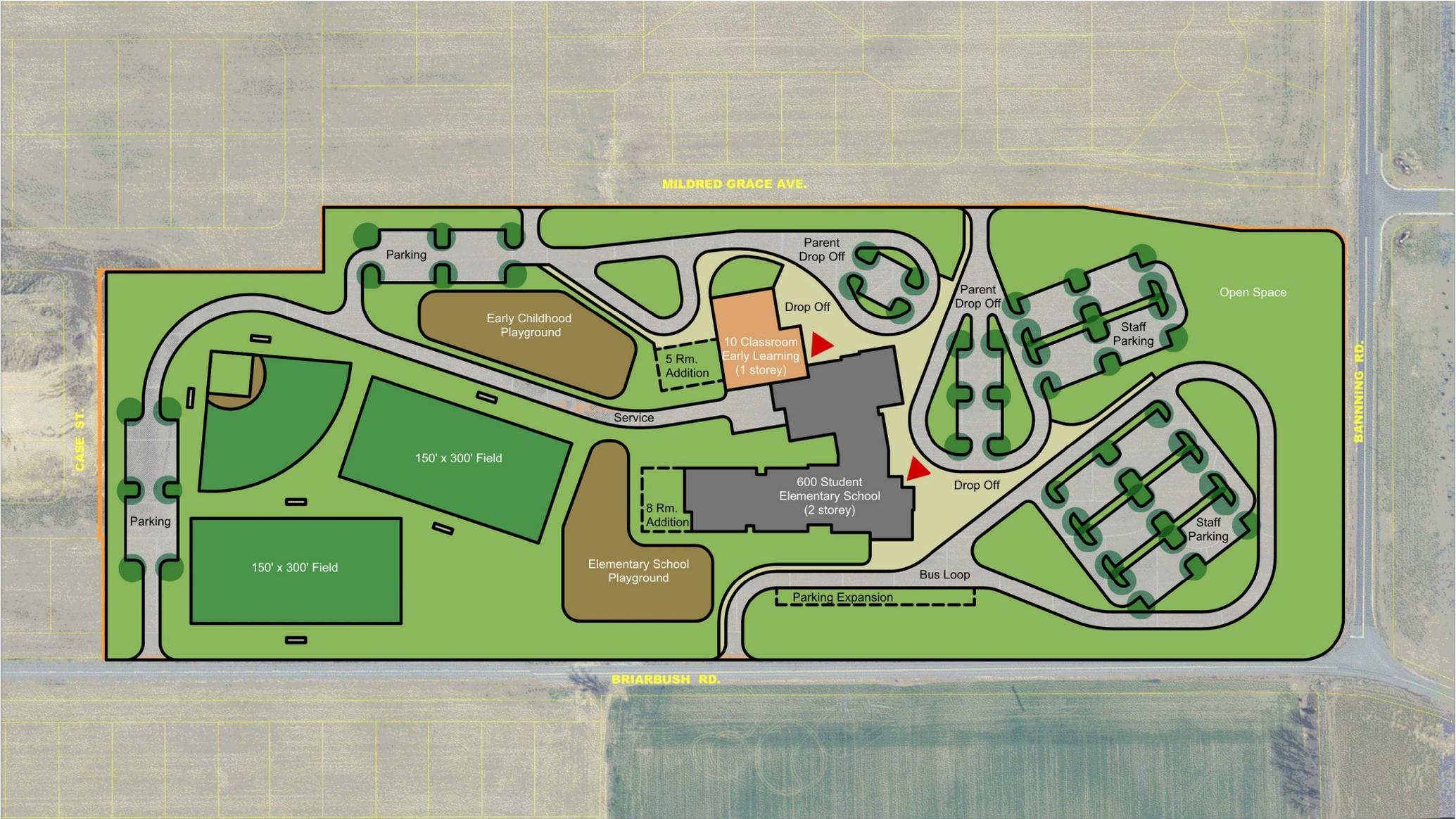
Date

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

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 PLUS@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 the Office of State Planning 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.



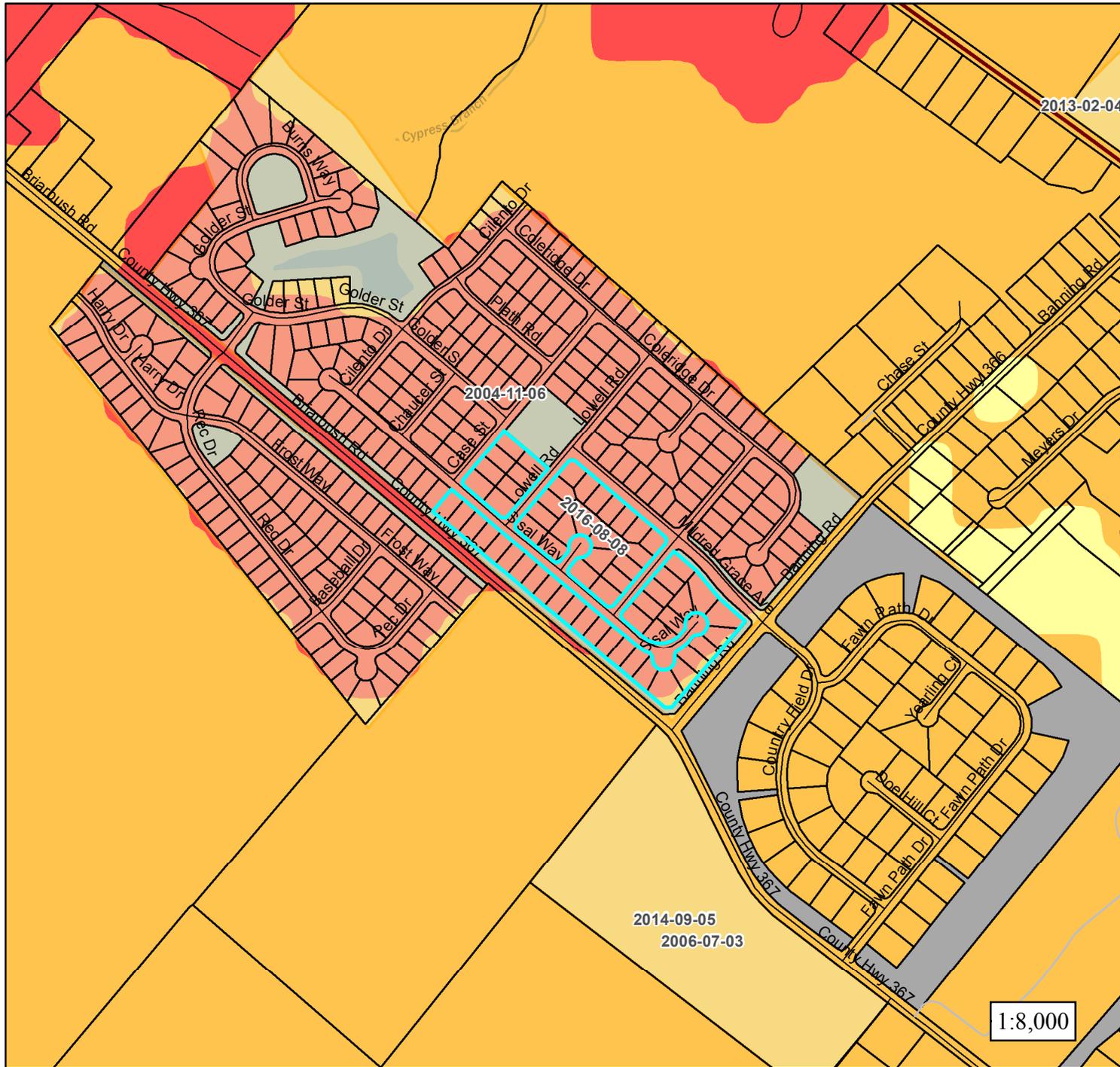
Caesar Rodney School District
 New Elementary School
 June 20, 2016

SITE PLAN_1



Preliminary Land Use Service (PLUS)

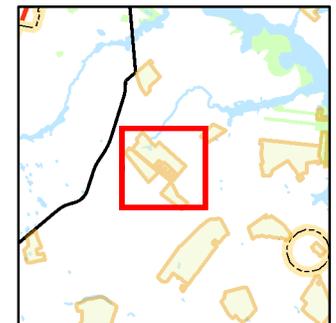
Caesar Rodney School District
2016-08-08



Legend

- PLUS Project Areas
- 2015 State Strategies**
 - Level 1
 - Level 2
 - Level 3
 - Level 4
 - Out of Play

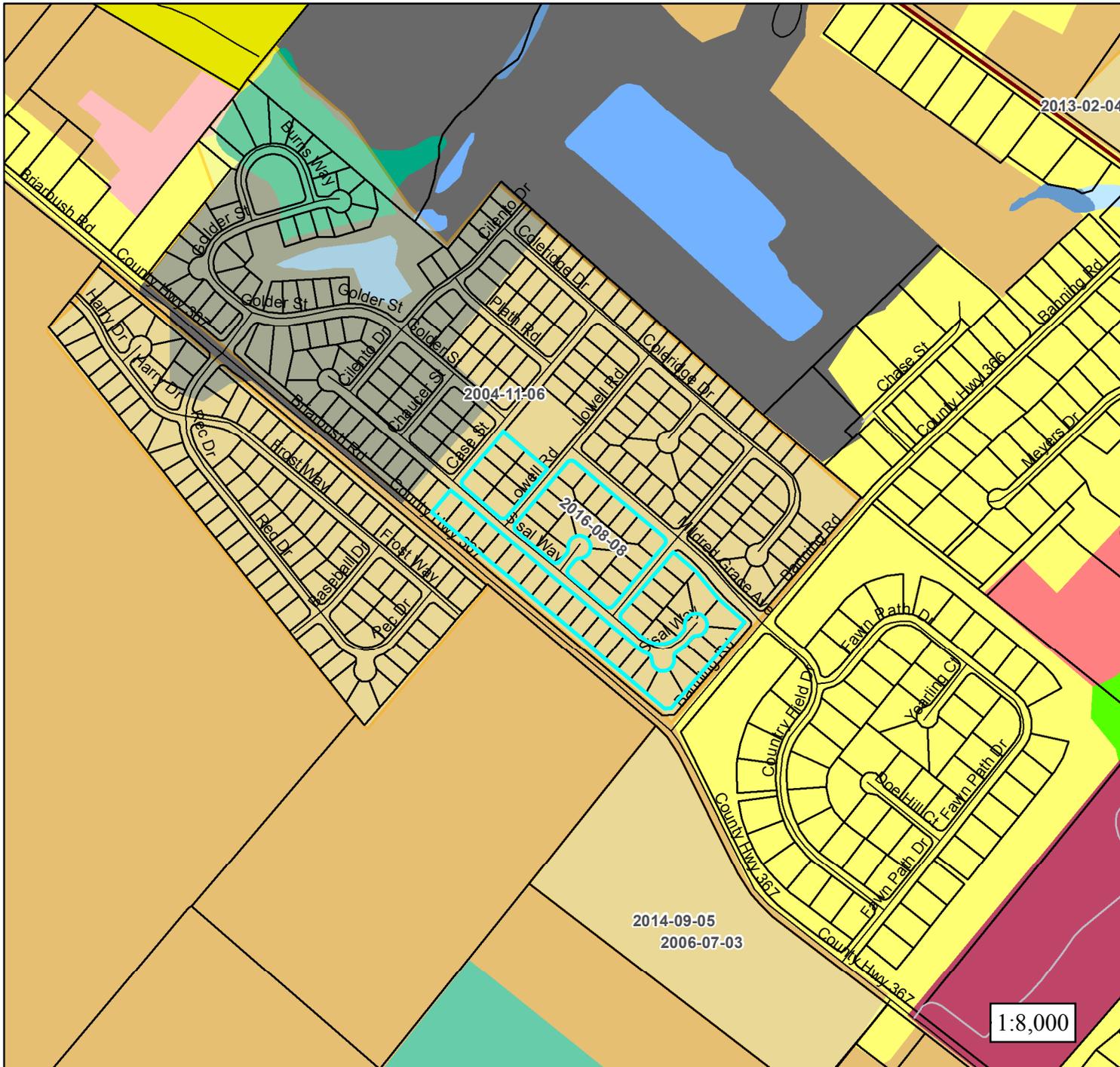
Location Map



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

Preliminary Land Use Service (PLUS)

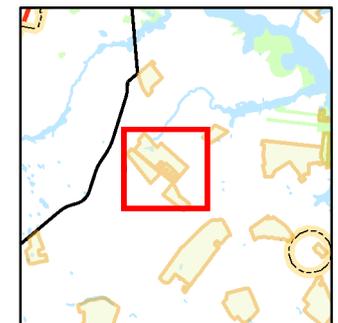
Caesar Rodney School District
2016-08-08



Legend

- PLUS Project Areas
- 2007 Land Use LULC Category**
 - Single Family Dwellings
 - Multi-Family Dwellings
 - Mobile Home Parks/Courts
 - Commercial
 - Industrial
 - Transportation/Communication/Utilities
 - Mixed Urban/Built-up
 - Institutional/Governmental
 - Recreational
 - Farms, Pasture, Cropland
 - Confined Animal Feeding Operations/Feedlots/Holding
 - Rangeland
 - Orchards/Nurseries/Horticulture
 - Deciduous Forest
 - Evergreen Forest
 - Mixed Forest
 - Shrub/Brush Rangeland
 - Clear-cut
 - Man-made Reservoirs and Impoundments
 - Marinas/Port Facilities/Docks
 - Open Water
 - Emergent Wetlands - Tidal and Non-tidal
 - Forested Wetlands - Tidal and Non-tidal
 - Scrub/Shrub Wetlands - Tidal and Non-tidal
 - Sandy Areas and Shoreline
 - Extraction and Transitional

Location Map



1:8,000



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

