



**COUNTY NOTIFICATION OF PLANNED LAND DEVELOPMENT
FOR CHAPTER 102 PERMITS**

PROJECT INFORMATION (COMPLETED BY APPLICANT)

Applicant Name: Upper Dublin Township Contact Name: Kurt Ferguson
 Applicant Address: 370 Commerce Dr Contact Phone: 215-643-1600
 Applicant City, State, ZIP: Fort Washington, PA 19034-2619 County: Montgomery
 Description of Proposed Land Development and Stormwater Controls: Municipality: Upper Dublin Township
Reconstruction of the Township Bulding and Police Station. Garage addition to Public Works Building. Reconstruction of site features to support the buildings. Project Area: 10.48 acres Phased
 Disturbance: 6.16 acres
 Surface Waters Receiving Stormwater Discharges: UNT to the Wissahickon Creek
 Tax Parcel ID(s) Affected by Proposed Land Development: 54-00-10870-00-2 Discharge to: MS4 Other SS CSS

The following information was submitted to the county for this project:

- Land Development / Subdivision Plan E&S Plan PCSM Plan Other:

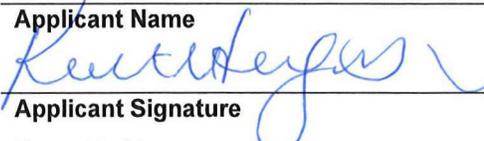
COUNTY PLAN INFORMATION (COMPLETED BY COUNTY)

Name of county organization completing this assessment:

1. Is there an adopted county or multi-county comprehensive plan? Yes No
 2. If Yes to #1, is the proposed project consistent with the county plan? Yes No
 3. Is there a DEP-approved Act 167 stormwater management plan? Yes No CCD
 4. If Yes to #3, is the proposed project consistent with the Act 167 plan, without waiver? Yes No CCD
 5. If Yes to #3, list the date of the latest plan / update approved by DEP: CCD

APPLICANT CERTIFICATION	COUNTY ACKNOWLEDGEMENT
I certify under penalty of law (see 18 Pa.C.S. § 4904 (relating to unsworn falsification)) that the information reported herein was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	The county acknowledges that a permit application for the above-referenced project has been submitted to a reviewing agency and that notification requirements of Act 14 of 1984 and Acts 67, 68, and 127 of 2000 have been satisfied. The information reported herein by the county is true and accurate. County acknowledgment of receipt of notification shall not be construed as project approval.

Kurt Ferguson (for Upper Dublin Township)

Applicant Name

 Applicant Signature
 Township Manager
 Applicant Title
 5/9/2023
 Date of Signature

County Representative Name
 County Representative Signature
 County Representative Title
 Date of Signature



**MUNICIPAL NOTIFICATION OF PLANNED LAND DEVELOPMENT
FOR CHAPTER 102 PERMITS**

PROJECT INFORMATION (COMPLETED BY APPLICANT)

Applicant Name:	<u>Upper Dublin Township</u>	Contact Name:	<u>Kurt Ferguson</u>
Applicant Address:	<u>370 Commerce Dr</u>	Contact Phone:	<u>215-643-1600</u>
Applicant City, State, ZIP:	<u>Fort Washington, PA 19034-2619</u>	County:	<u>Montgomery</u>
Description of Proposed Land Development and Stormwater Controls:	Municipality: <u>Upper Dublin Township</u>		
Reconstruction of the Township Building and Police Station. Garage addition to Public Works Building. Reconstruction of site features to support the buildings.	Project Area:	<u>10.48</u> acres	<input type="checkbox"/> Phased
	Disturbance:	<u>6.16</u> acres	
	Surface Waters Receiving Stormwater Discharges:	<u>UNT to the Wissahickon Creek</u>	
Tax Parcel ID(s) Affected by Proposed Land Development:	Discharge to: <input checked="" type="checkbox"/> MS4 <input type="checkbox"/> Other SS <input type="checkbox"/> CSS		
<u>54-00-10870-00-2</u>			

The following information was submitted to the municipality for this project:

- Land Development / Subdivision Plan E&S Plan PCSM Plan Other:

MUNICIPAL PLAN / ORDINANCE INFORMATION (COMPLETED BY MUNICIPALITY)

1. Is there an adopted municipal or multi-municipal comprehensive plan? Yes No

2. Is there an enacted municipal or multi-municipal zoning ordinance? Yes No

3. If Yes to #2, is the proposed project consistent with the ordinance? Yes No

4. Is there a municipal stormwater management ordinance? Yes No

5. If Yes to #4, is the proposed project consistent with the ordinance, without waiver? Yes No

6. If Yes to #4, indicate type of ordinance: Act 167 Model Ordinance DEP Model Ordinance (MS4s) Other

APPLICANT CERTIFICATION	MUNICIPAL ACKNOWLEDGEMENT
I certify under penalty of law (see 18 Pa.C.S. § 4904 (relating to unsworn falsification)) that the information reported herein was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	The municipality acknowledges that a permit application for the above-referenced project has been submitted to a reviewing agency and that notification requirements of Act 14 of 1984 and Acts 67, 68, and 127 of 2000 have been satisfied. The information reported herein by the municipality is true and accurate. The municipality reserves the right to comment to the reviewing agency relative to comprehensive plans, zoning, and stormwater ordinance consistency. Municipal acknowledgment of receipt of notification shall not be construed as project approval.

Kurt Ferguson (for Upper Dublin Township)

Applicant Name



Applicant Signature

Township Manager

Applicant Title

5/9/2023

Date of Signature

Municipal Representative Name

Municipal Representative Signature

Municipal Representative Title

Date of Signature

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee County of Montgomery Mailroom Keith Glodek</p>	
<p>1. Article Addressed to:</p> <p>Montgomery County Planning Commis. One Montgomery Way Suite 201 425 Swede St. Norristown, PA 19401</p>  <p>9590 9402 7306 2028 7719 15</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0002 2541 9780</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 	
	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee K. Glodek</p>	
<p>1. Article Addressed to:</p> <p>Upper Dublin Township 370 Commerce Dr. Fort Washington, PA 19034-2619</p>  <p>9590 9402 7306 2028 7719 22</p>	<p>B. Received by (Printed Name)</p> <p>K. Glodek</p>	<p>C. Date of Delivery</p> <p>5/12/23</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0002 2541 9773</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt