

REZONING APPLICATION
DATE FILED: 11/4/21 PC MTG: Dec 2021
AMT. PD: \$250 COM. MTG:
ACCEPTED BY: JB FILE NO: 2021-06

APPLICANT INFORMATION OWNER REPRESENTATIVE _____

109-111 Providence Road LLC 610 524-9466
APPLICANT NAME - please print clearly (additional names can be listed on page 2) PHONE NUMBER
c/o W. David Fennimore 924 Springdale Drive Exton PA 19341
ADDRESS CITY STATE ZIP CODE

PROPERTY INFORMATION CRITICAL AREA? _____ YES _____ NO

Providence Road Elkton, MD 21921 0.5924 acres
SUBJECT PROPERTY ADDRESS SIZE OF PROPERTY
04 0013 0767
ELEC. DISTRICT ACCOUNT# TAX MAP# BLOCK PARCEL LOT#

PRESENT ZONING: RR REQUESTED ZONING: M1

PRESENT LAND USE DESIGNATION: _____ REQUESTED LAND USE DESIGNATION: _____

PRESENT USE OF PROPERTY: _____ PROPOSED USE OF PROPERTY: _____
Environmental Remediation Community Based Solar/ Environmental Remediation

PREVIOUS ZONING CHANGE? _____ YES NO If yes, explain: _____

TIME SCHEDULE FOR PROPOSED DEVELOPMENT: QT 2022

REASON FOR REZONING REQUEST

MISTAKE IN THE COMPREHENSIVE REZONING OF MAY 1, 2011? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: Residential use not permitted due to covenants (Institutional Controls) with EPA and MDE under Remediation Order.

SUBSTANTIAL CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

MISTAKE IN CHESAPEAKE BAY CRITICAL AREA LAND USE DESIGNATION OF JULY 5, 1988 _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

ADDITIONAL COMMENTS (attached sheet if necessary):

EXPLAIN ANY PROBLEM AREAS AND PROPOSALS TO CORRECT THOSE AREAS

LIST THE NAME AND ADDRESSES OF ADDITIONAL APPLICANTS

Little Elk Solar, LLC *C/O B.O Energy Development*
 ADDRESS 700 Market Industrial Park
Suite 32
Wappingers Falls, NY 12590

APPLICANT NAME (please print clearly) ADDRESS

APPLICANT NAME ADDRESS

APPLICANT NAME ADDRESS

LIST THE NAME AND ADDRESSES OF ALL PROPERTY OWNERS

109-111 Providence Rd LLC *C/O Carl Everett Esq.*
 ADDRESS 3800 Centre St W 1500 Market
Philadelphia, PA 19102-0000

OWNER NAME (please print clearly) ADDRESS

OWNER NAME ADDRESS

OWNER NAME ADDRESS

OWNER NAME ADDRESS

CERTIFICATION - SIGNATURES

I/We certify that the information and exhibits submitted are true and correct to the best of my/our knowledge and belief.

APPLICANT(S):

<u>W. David Ferrimore</u>	<u>W. David Ferrimore</u>	<u>11/22/2021</u>
PRINT NAME	SIGNATURE	DATE
<u>Timothy M. Ryan</u>	<u>[Signature]</u>	<u>11/23/21</u>
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

OWNER(S):

<u>W. David Ferrimore</u>	<u>W. David Ferrimore</u>	<u>11/22/2021</u>
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

Authorized Representative see attached Operating Agreement

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3	1	1109/26
2	81	1103/65
BOOMDECKER		1104/76

Subject properties

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LITTLE ELK CREEK RD

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877/597

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HIGH POINT DR

ED MOORE RD

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MS3289

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ELK VALLEY LN

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PROVIDENCE RD

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1104/76

Z

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109-111 PROVIDENCE RD LLC
MAP 13 PARCEL 767

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