



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

PROJECT INFORMATION (COMPLETED BY APPLICANT)

Applicant Name:	<u>M&G Realty, Inc.</u>	Contact Name:	<u>Todd Rutter</u>
Applicant Address:	<u>2295 Susquehanna Trail, Suite C</u>	Contact Phone:	<u>717-848-9827</u>
Applicant City, State, ZIP:	<u>York, PA 17404</u>	County:	<u>Blair County</u>
Description of Proposed Land Development and Stormwater Controls:	Municipality:	<u>Antis Township</u>	
Addition of a haul road to transport waste material from the Rutter's #82 convenience store construction site	Project Area:	<u>119</u> acres	<input type="checkbox"/> Phased
	Disturbance:	<u>2 +/-</u> acres	
	Surface Waters Receiving Stormwater Discharges:	<u>Sandy Run</u>	
Tax Parcel ID(s) Affected by Proposed Land Development:	Discharge to: <input type="checkbox"/> MS4 <input type="checkbox"/> Other SS <input type="checkbox"/> CSS		
<u>03.00-23..-008.08-000</u>			

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

- Land Development / Subdivision Plan
 E&S Plan
 PCSM Plan
 Other: **LD plan will be submitted**

COUNTY PLAN INFORMATION (COMPLETED BY COUNTY)

Name of county organization completing this assessment:

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

APPLICANT CERTIFICATION	COUNTY ACKNOWLEDGEMENT
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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.

Todd Rutter

Applicant Name

Todd Rutter

Applicant Signature

Secretary

Applicant Title

6/5/2023

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>M&G Realty, Inc.</u>	Contact Name:	<u>Todd Rutter</u>
Applicant Address:	<u>2295 Susquehanna Trail, Suite C</u>	Contact Phone:	<u>717-848-9827</u>
Applicant City, State, ZIP:	<u>York, PA 17404</u>	County:	<u>Blair County</u>
Description of Proposed Land Development and Stormwater Controls:	Municipality: <u>Antis Township</u>		
<div style="border: 1px solid black; padding: 5px;"> Addition of a haul road to transport waste material from the Rutter's #82 convenience store construction site </div>	Project Area:	<u>119</u> acres	<input type="checkbox"/> Phased
	Disturbance:	<u>2 +/-</u> acres	
Tax Parcel ID(s) Affected by Proposed Land Development:	Surface Waters Receiving Stormwater Discharges: <u>Sandy Run</u>		
<u>03.00-23..-008.08-000</u>	Discharge to: <input type="checkbox"/> MS4 <input type="checkbox"/> Other SS <input type="checkbox"/> CSS		

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

- Land Development / Subdivision Plan
 E&S Plan
 PCSM Plan
 Other: **LD plan will be submitted**

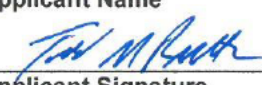
MUNICIPAL PLAN / ORDINANCE INFORMATION (COMPLETED BY MUNICIPALITY)

- Is there an adopted municipal or multi-municipal comprehensive plan? Yes No
- Is there an enacted municipal or multi-municipal zoning ordinance? Yes No
- If Yes to #2, is the proposed project consistent with the ordinance? Yes No
- Is there a municipal stormwater management ordinance? Yes No
- If Yes to #4, is the proposed project consistent with the ordinance, without waiver? Yes No
- 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.

Todd Rutter

Applicant Name



Applicant Signature

Secretary

Applicant Title

6/5/2023

Date of Signature

Municipal Representative Name

Municipal Representative Signature

Municipal Representative Title

Date of Signature

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

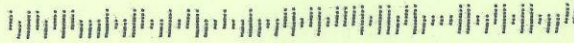
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United States
Postal Service

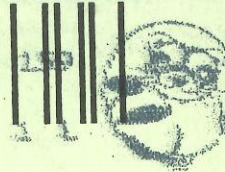
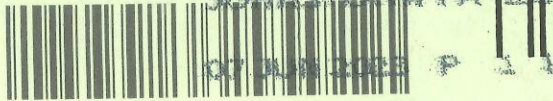
• Sender: Please print your name, address, and ZIP+4® in this box•

Keller Engineers, Inc.
420 Allegheny Street
P.O. Box 61
Hollidaysburg, PA 16648

HNH



USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

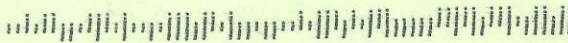
9590 9402 7276 1284 9484 13

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Keller Engineers, Inc.
420 Allegheny Street
P.O. Box 61
Hollidaysburg, PA 16648

HNH



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Blair Cnty Planning Commission
 423 Allegheny Street, Suite 046
 Holidaysburg, PA 16648



9590 9402 7276 1284 9497 93

2. Article Number (Transfer from service label)

7021 0950 0001 5523 9179

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jeff Swartz*

- Agent
- Addressee

B. Received by (Printed Name)

Jeff Swartz

C. Date of Delivery

6/7/23

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Antis Township Planning Comm.
 909 North Second Street
 Bellwood, PA 16017



9590 9402 7276 1284 9484 13

2. Article Number (Transfer from service label)

7021 0950 0001 5523 9544

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lori DelBiondo*

- Agent
- Addressee

B. Received by (Printed Name)

Lori DelBiondo

C. Date of Delivery

04/07/23

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt