



LEO S. LUTZ
Mayor

EVAN M. GABEL
Solicitor

HEATHER ZINK
Borough Council President

MARK E. STIVERS
Borough Manager

COLUMBIA BOROUGH PLANNING COMMISSION

Paul W. Myers Council Chamber, 308 Locust Street, Columbia

October 18, 2022 – 7:00 p.m.

Final Agenda

This meeting will be live streamed to the Borough's Facebook page as a convenience and is not meant to replace in-person participation in the meeting.

- 1) Call to Order:
- 2) Moment of Silence:
- 3) Pledge of Allegiance:
- 4) Approval of Minutes:
 - a) Consider approval of the Planning Commission Meeting Minutes from September 20, 2022, Regular Meeting
- 5) Zoning Hearing(s) Consider Motion to Recommend to Zoning Hearing Board:
 - a) None
- 6) Engineer's Review(s) of SALDO Applications:
 - a) None
- 7) Demolition Applications Consider Motion to Recommend to Borough Council:
 - a) 332 Locust Street – Lancaster County Redevelopment Authority
- 8) Action Items:
 - a) 1200 Locust Street – Motion to Approve \$9,310.00 (recreation fee in lieu of)
- 9) Discussion Items:
 - a) Project Updates



- 10) Old Business (for discussion):
- 11) New Business (for discussion):
- 12) Public Comments and Questions:
Civility and Decorum: Borough officials and members of the public are expected to conduct themselves with civility and to accord each other a measure of dignity and respect. Shouting, foul language, personal insults, threats, attacks, or any conduct that disrupts the flow of business is out of order.
- 13) Motion to Adjourn:

Next Meeting Scheduled for November 15, 2022

If you are person with a disability wishing to attend this meeting and require an accommodation to participate in the meeting, please contact the Columbia Borough Office at (717) 684-2467 at least 24 hours prior to the meeting.

MINUTES
COLUMBIA BOROUGH PLANNING COMMISSION
September 20, 2022

MEMBERS IN ATTENDANCE:

Mary Wickenheiser, Chairperson
Tiffani Lynn, Vice-Chairperson
Brad Lynn, Secretary
Justin Evans
Marilyn Kress Hartman
Kelly Murphy
Annette White

STAFF IN ATTENDANCE:

Sharon Cino, Planning and Zoning Manager
Deb LaClair, Administrative Assistant

GUESTS IN ATTENDANCE:

None

CALL TO ORDER:

Chairperson Wickenheiser called this regular meeting of the Columbia Borough Planning Commission to order on Tuesday, September 20, 2022, at 7:00 p.m.

There was a moment of silence and the pledge to the flag.

APPROVAL OF MINUTES:

Kelly Murphy motioned to approve the Regular Planning Commission meeting minutes from August 16, 2022, and Tiffani Lynn seconded. All favored this motion.

ZONING HEARING(S):

There were no hearings for review at tonight's meeting.

ENGINEER'S REVIEW(S):

There were no reviews by the Borough Engineer.

DEMOLITION APPLICATION(S):

Sharon Cino reported there may be 2 demolition applications for review at the October meeting.

ACTION ITEMS:

There were no action items.

DISCUSSION ITEMS:

Sharon Cino provided an update on properties with Land Bank and Redevelopment Authority and updated the Commission on the 1200 Locust Street project.

OLD BUSINESS:

Mary Wickenheiser stated she would be attending the seminar on September 30th held by the historic preservation trust.

Mary asked about the zoning changes with regards to the McGinness property. Sharon stated the Commission should be seeing those changes before the end of the year.

Sharon also reminded Commission members the comprehensive plan would be coming to them for review as well.

NEW BUSINESS:

There were no items under new business.

PUBLIC COMMENTS AND QUESTIONS:

There were no comments or questions from the public.

ADJOURNMENT:

Tiffani Lynn motioned to adjourn this meeting of the Columbia Borough Planning Commission at 7:10 p.m. and Justin Evans seconded. All favored this motion.

Respectfully submitted,

Brad Lynn, Secretary

BOROUGH OF COLUMBIA, PA
DEMOLITION PERMIT APPLICATION

APPENDIX A
APPLICATION FOR CONSIDERATION OF ZONING PERMIT

ZONING PERMIT APPLICATION # TBD
DATE OF RECEIPT/FILING: 9/13/2022

The undersigned hereby applies for approval under the Borough of Columbia Demolition Permit Ordinance, Chapter 105, of the demolition permit request contained herein:

1. BUILDING/STRUCTURE/VEGETATIVE SCREENING/IMPERVIOUS SURFACE TO BE DEMOLISHED:
332 Locust Street, Columbia, PA 17512

2. DATE WHEN DEMOLITION TO COMMENCE: December 1, 2022
3. TIME DEMOLITION TO OCCUR: December 1, 2022 - January 30, 2023
4. INTENDED USE OF PROPERTY FOLLOWING DEMOLITION:
 - A. VACANT LOT: _____
 - B. SINGLE FAMILY HOME: _____
 - C. MULTI-FAMILY HOME: _____
 - D. MOBILE HOME: _____
 - E. COMMERCIAL: _____
 - F. INDUSTRIAL: _____
 - G. INSTITUTIONAL: _____
 - H. OTHER (PLEASE SPECIFY): Outdoor commercial eatery seating area

5. CUBIC FOOTAGE OF BUILDING/STRUCTURE/VEGETATIVE SCREENING/IMPERVIOUS SURFACE: _____

6. NAME OF APPLICANT: Lancaster County Redevelopment Authority
ADDRESS: 28 Penn Square, Lancaster, PA 17603
PHONE NUMBER: 717-394-0793 x 232
FAX: 717-394-7635
E-MAIL ADDRESS: skrumpe@lchra.com

7. NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____
ADDRESS: _____
PHONE: _____

8. NAME OF COMPANY TO PERFORM DEMOLITION: D.H. Funk & Sons LLC
ADDRESS: 3995 Continental Drive
Columbia, PA 17512
PHONE: 717-684-0708 FAX: _____ E-MAIL: info@dhfunk.com
CONTACT PERSON: Jordan D. Funk

9. HAS A PLAN BEEN SUBMITTED PURSUANT TO THE BOROUGH OF COLUMBIA SUB-DIVISION AND LAND DEVELOPMENT ORDINANCE?

YES: _____

NO (PLEASE EXPLAIN): A waiver for the Subdivision and Land Development plan has been submitted

10. HAS A PLAN FOR PROPOSED USE BEEN SUBMITTED TO THE ZONING OFFICER FOR APPROVAL?

YES: ✓

NO (PLEASE EXPLAIN): _____

11. HAS A PLAN BEEN SUBMITTED TO PA DEPARTMENT OF ENVIRONMENTAL PROTECTION FOR APPROVAL (COMMERCIAL BUILDINGS ONLY)?


YES: ✓

NO (PLEASE EXPLAIN): _____

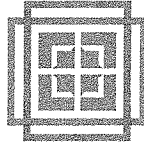
The undersigned hereby represents that, to the best of his knowledge, information and belief, all information listed above is true, correct and complete.

By signing this application, the undersigned hereby agrees to abide by the Columbia Borough Demolition Ordinance, Chapter 105, and any and all other applicable local, state and federal regulations and ordinances.

DATE: 9/13/22



SIGNATURE OF LANDOWNER OR REPRESENTATIVE



LANCASTER COUNTY
**Redevelopment
Authority**

October 11, 2022

Columbia Borough
308 Locust Street
Columbia, PA 17512

Subject: 332 Locust Street – Land Development Plan Waiver

Dear Columbia Borough:

The Lancaster County Redevelopment Authority, the current owners of the property at 332 Locust Street in Columbia, shall complete a demolition project of the blighted building on the site. After this demolition work is complete, the Redevelopment Authority will sell the cleared site to Nelson Shertzer, who will work with a development team to transform the property into an outdoor seating area for the adjacent café. Because the site will simply be cleared and only minorly developed by Nelson Shertzer with no new structure placed on the site, we would like to formally request a waiver for the Land Development Plan requirement for this project.

Thank you for your consideration.

Sincerely,

Sean Krumpel
Program Coordinator

From: [Sean Krumpe](#)
To: [Sharon Cino](#)
Subject: Re: 332 Locust Street
Date: Friday, September 9, 2022 9:58:45 AM
Attachments: [image001.png](#)
[image.png](#)
[MOA LCRA DEMO of 332 LOCUST ST COLUMBIA.doc](#)

Good morning Sharon,

After reviewing the preapproved demolition activities document, here is a new scope of work description. Additionally, I have included a copy of the MOA I mentioned for reference.

"After signing a Memorandum of Agreement with Columbia Borough, the HARB, and the State Historic Preservation Office, establishing a Certified Local Government in Columbia, the Lancaster County Redevelopment Authority (LCRA) was approved to proceed with the demolition project at 332 Locust Street, despite its location in the Columbia Borough Historic District. In May of 2022, LCRA released a Request for Proposals for the construction of a new residential structure on the site of the building to be razed at 332 Locust, but after receiving no responses based on high cost of building materials and lack of interest from developers, LCRA began to seek alternative projects for the site. LCRA eventually identified Nelson Shertzer as the best project candidate based on realistic development costs, timeline, and desired use.

Before demolition of the structure at 332 Locust Street begins, the Lancaster County Redevelopment Authority will sign a legally binding purchase agreement with Nelson Shertzer, the owner of the adjacent property at 336 Locust Street. LCRA will maintain ownership of the property while demolition is underway, and after it is completed and the site is cleared, will go to settlement and officially complete the sale of the property with Nelson Shertzer. Nelson will develop the empty lot as shown in the "Site Plan Renderings" included in the demolition permit application materials. After the development is completed, the developed site will be used for an outdoor seating area for the attached café."

Please let me know if you have any questions.

Sean Krumpe
Acquisition and Rehabilitation Program Coordinator

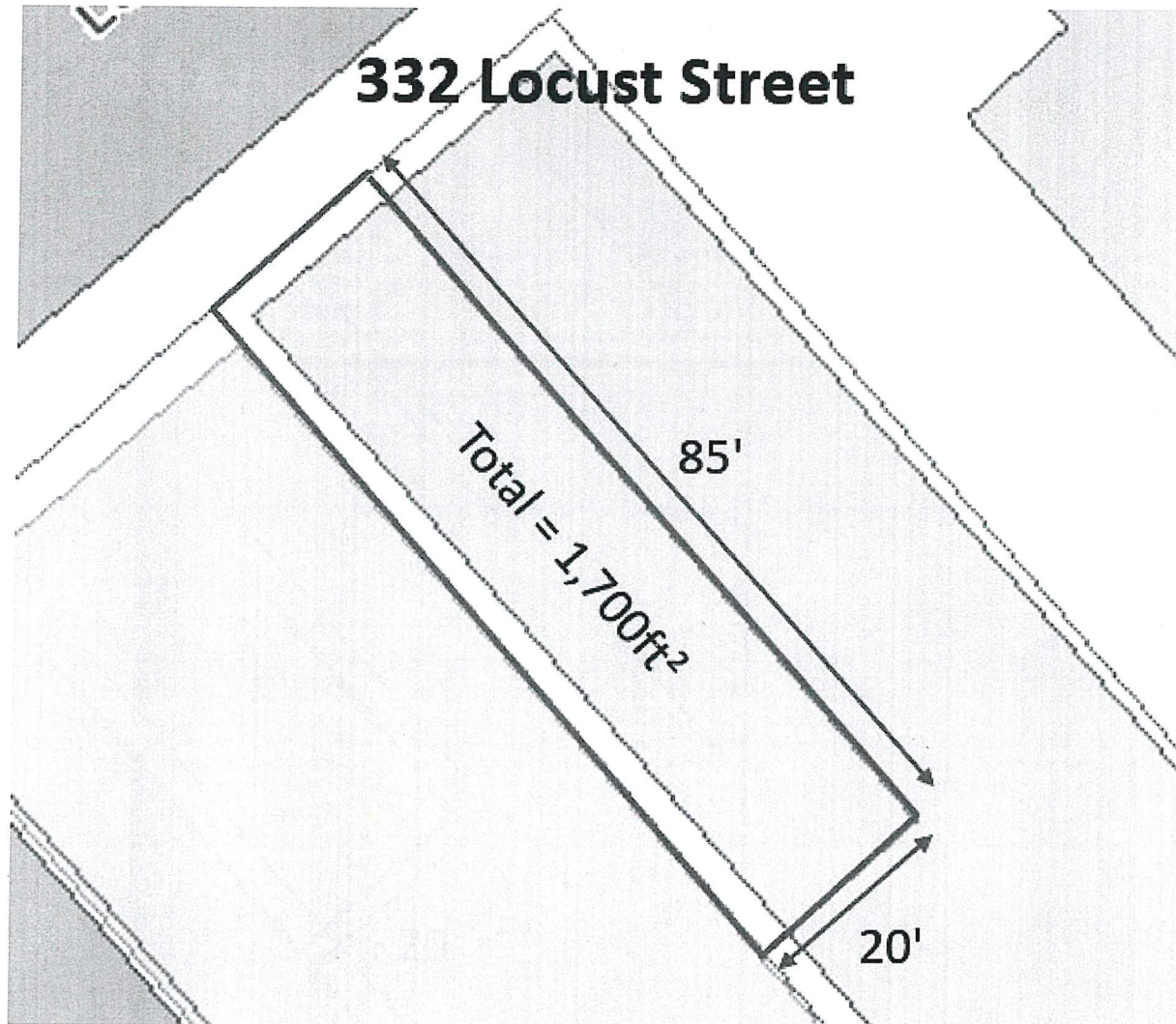


Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

28 Penn Square, Suite 200 | Lancaster, PA 17603

332 Locust Street





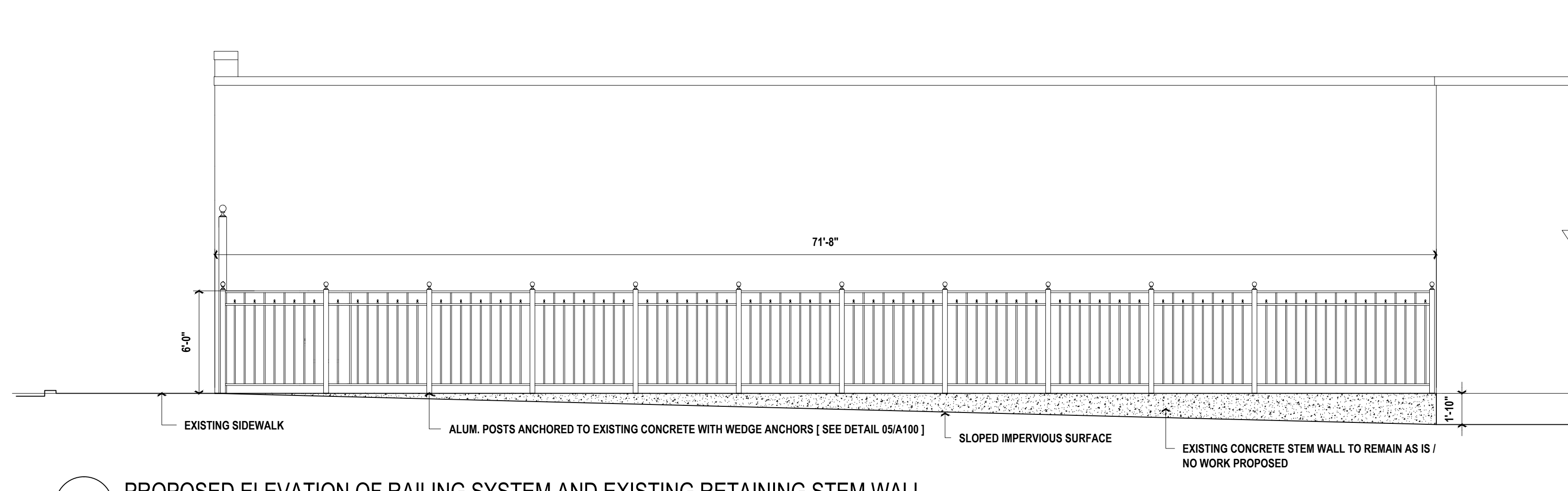
LINE OF WALL TO BE DEMOLISHED

01 EXISTING WALL LOCATED ON TOP OF RETAINING STEM WALL
NO SCALE

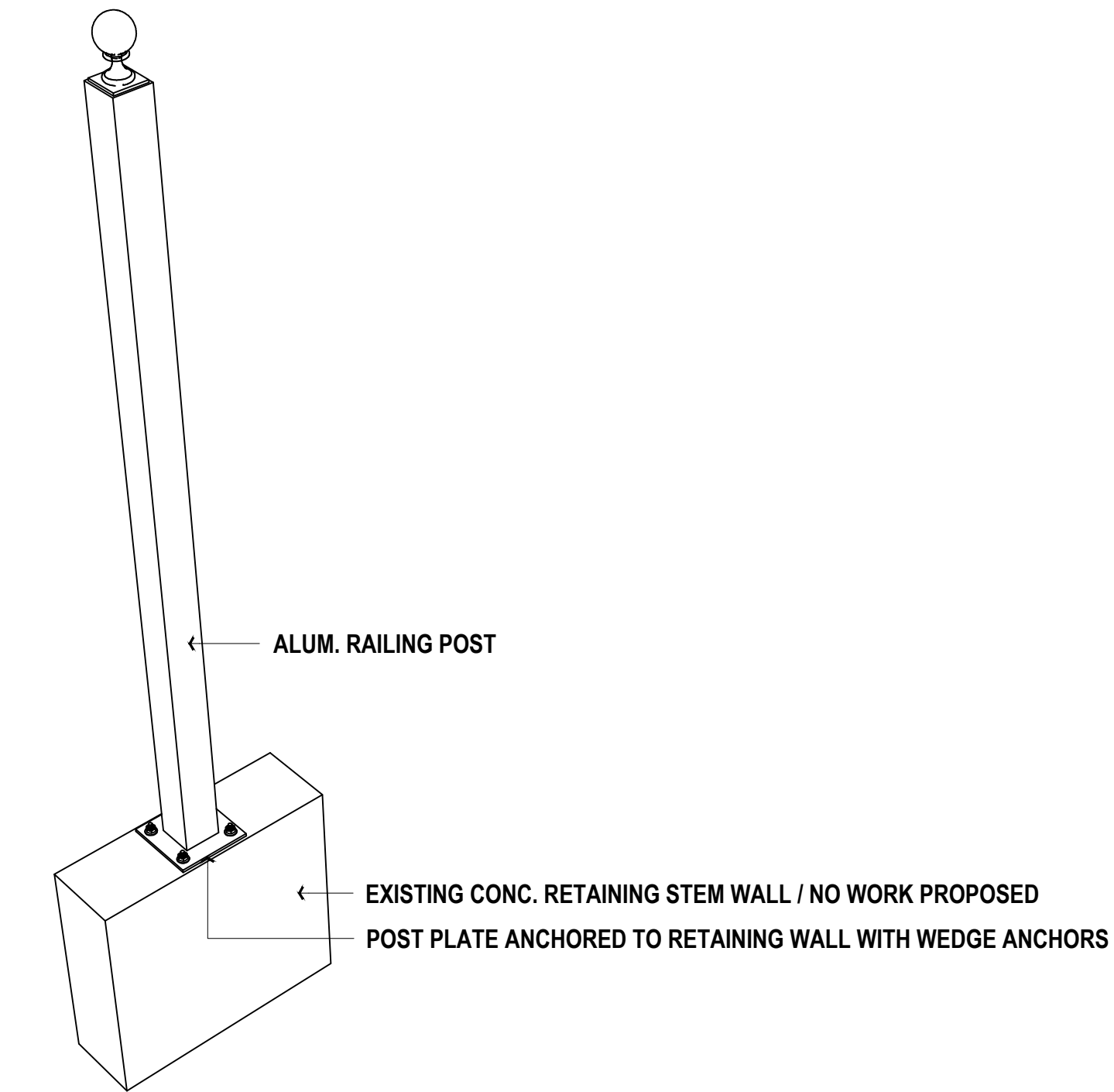


EXISTING RETAINING STEM WALL TO REMAIN / NO WORK PROPOSED

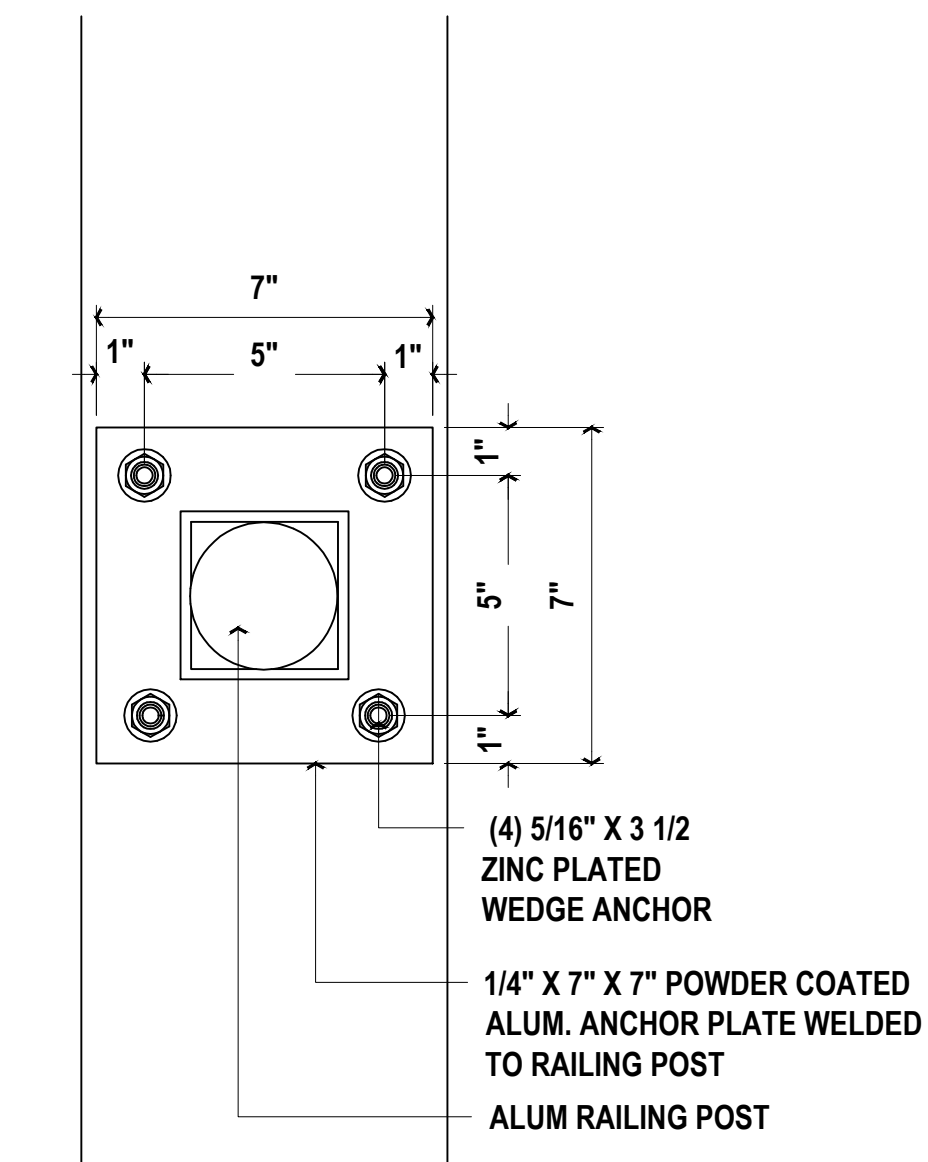
02 PROPOSED FIRST FLOOR PLAN
NO SCALE



03 PROPOSED ELEVATION OF RAILING SYSTEM AND EXISTING RETAINING STEM WALL
SCALE: 3/16"=1'



04 RAILING POST ANCHORED TO EXISTING RETAINING WALL (TYP.)
SCALE: 3/4"=1'



05 ANCHOR PLATE TO WALL DETAIL
SCALE: 3"=1'



DOUGLAS CHARLES PHILLIPS, AIA, NCARB
BOX 724, BROWNSTOWN, PA. 17508
717-808-0332
www.dcpaarchitect.com
dphillips@dcpaarchitect.com

PLANS ISSUED FOR
BUILDING PERMIT

REVISIONS:

NELSON SHERTZER
336 LOCUST STREET, COLUMBIA, PA.
PROPOSED RAILING SYSTEM

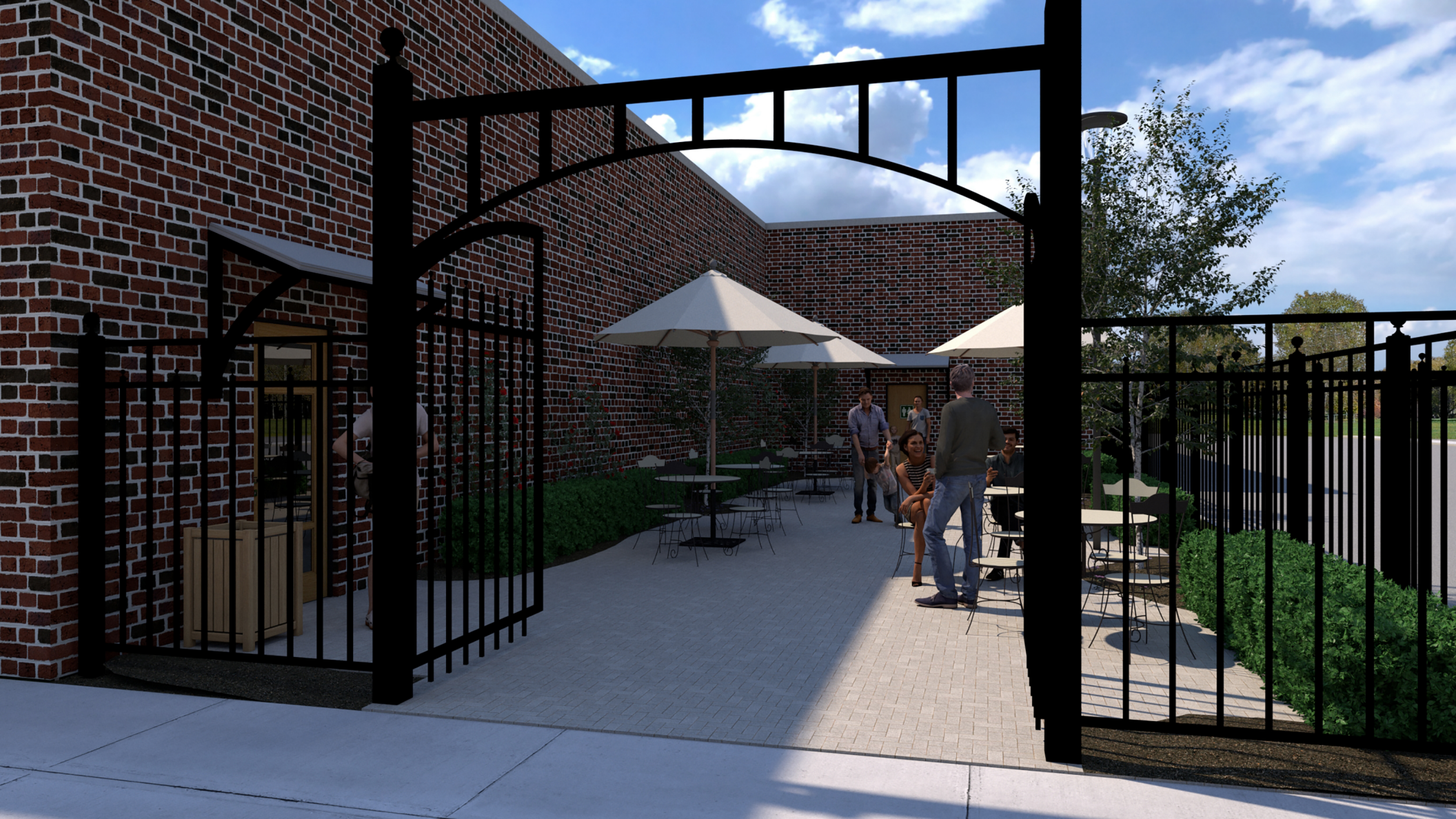
THESE PLANS ARE COPYRIGHTED AND THE PROPERTY OF DOUGLAS CHARLES PHILLIPS ARCHITECT AND MAY NOT BE DUPLICATED OR COPIED WITHOUT THE WRITTEN CONSENT OF DOUGLAS CHARLES PHILLIPS ARCHITECT. ANY UNAUTHORIZED USE OF THESE PLANS WILL BE CONSIDERED A VIOLATION OF COPYRIGHT LAWS AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

SHEET NO.

A100

DATE: 10-10-22 SCALE: AS NOTED













August 20, 2021

Ms. Michaela Allwine
Lancaster County Redevelopment Authority
23 Penn Square, Suite 200
Lancaster, PA 17603

RE: Phase I Environmental Site Assessment
Columbia - 332 Locust Street
332 Locust Street
Columbia, Pennsylvania 17512
BL Project No. 2101261

Dear Ms. Allwine,

BL Companies, Inc. ("BL Companies") has performed a Phase I Environmental Site Assessment (ESA) of the property(ies) located at 332 Locust Street, Columbia, Lancaster County, PA ("Site"). This ESA was conducted in general accordance with the scope and limitations of ASTM International (ASTM) E1527-13, "Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process", and in accordance with BL Companies' contract dated June 23, 2021.

Attached is BL Companies' report ("Report") detailing the methods, findings, opinions, and conclusions of the assessment.

This Phase I ESA was conducted under the supervision/responsible charge of an Environmental Professional (EP), as defined by ASTM E1527-13. The interviews and Site reconnaissance portions of this assessment were performed by a person possessing sufficient training and experience necessary to conduct the interviews and Site reconnaissance, and having the ability to identify issues relevant to recognized environmental conditions (RECs) in connection with the Site. The attached Report includes documentation to support the analysis, opinions, and conclusions as presented.

Based on the findings of this ESA, no further environmental investigation of the Site appears warranted at this time.

Columbia - 332 Locust Street
BL Project No. 2101261
August 20, 2021
Page 2 of 2

BL Companies appreciates the opportunity to provide our environmental services to you.
Should there be any questions regarding this Report, please do not hesitate to contact us.

Sincerely,
BL Companies, Inc.



Devin Radel
Staff Scientist



Charles Wolf III
Senior Project Scientist II



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

| | | |
|---|--|---|
| <p>For Official Use Only</p> <p>Postmark Date: <u>PM 9/8/22</u></p> <p>Project ID#: _____</p> <p>Permit #: _____</p> <p>Other #: _____</p> <p>Inspector: _____ <i>No ck.</i></p> | <p>Date Received 1</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.1em; margin: 5px 0 0 0;">SEP 19 2022</p> <p style="font-size: 0.8em; margin: 0;">DEP SOUTHCENTRAL REGION AIR QUALITY</p> </div> | <p>Date Received 2</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
|---|--|---|

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one):

| | |
|---|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Annual Notification |
| <input type="checkbox"/> Revision (highlight here, and changes) | <input type="checkbox"/> Phase of Annual Notification |
| <input type="checkbox"/> Postponement | <input type="checkbox"/> Cancellation |

Date of Initial Notification or, if previously revised, date of last revision: _____
2. PROJECT LOCATION (check one):

| | | |
|---|---|---|
| <input type="checkbox"/> Allegheny County | <input type="checkbox"/> City of Philadelphia | <input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Lancaster</u> |
|---|---|---|
3. For Allegheny County and City of Philadelphia projects only:

A. Does this project require a permit? Yes No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)

B. For City of Philadelphia projects requiring a permit:

Asbestos project inspector: _____ Certification #: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? Yes No
 (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)
5. TYPE OF OPERATION (check one):

| | | | | |
|--|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Ordered Demolition | <input type="checkbox"/> Abatement prior to Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Emergency Renovation |
|--|---|--|-------------------------------------|---|
6. FACILITY DESCRIPTION: Job No.: _____ (see instructions)

Facility Name: _____

Street/Rural Address: 332 Locust St

City: Columbia State: PA Zip Code: 17512

Present use: Condemned Prior use: _____

Will the facility be occupied during the abatement activity? Yes No

Facility size in square feet: 1,725sf # of floors: 2 Age in years: 90+
7. ABATEMENT CONTRACTOR:

Company name: _____

Allegheny County or City of Philadelphia License # (if applicable): _____

Street/Rural/POB Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone No. (between 8:00 & 4:30): _____

8. DEMOLITION CONTRACTOR:
 Company name: DH Funk & Sons
 Street/Rural/POB Address: 3995 Continental Dr.
 City: Columbia State: PA Zip: 17512
 Contact: Jordan Funk Telephone No. (between 8:00 & 4:30): 717-475-7485

9. FACILITY OWNER:
 Owner name: Lancaster County Redevelopment Authority
 Street/Rural/POB Address: 28 Penn Square, Suite 200 17603
 City: Lancaster State: PA Zip: 7173940793 x232
 Contact: Sean Krumpe Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: Charles R. Wolf III Certification # 050115
 Date of inspection: August 3, 2021 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
Site traversed on foot by Environmental Professional to evaluate for conditions indicative to recognized environmental conditions in connection with the Site. Age of structure also used to verify no ACMs on site.

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT Yes No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
 PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

| Code * | Description of material | Location of material (room/floor/area) | Amount of ACM | Code ** | Code *** | Code **** |
|--------|-------------------------|--|---------------|---------|----------|-----------|
| | | | | | | |
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| Code * | Code ** | Code *** | Code **** |
|--|-----------------|---------------------|--|
| Type of ACM | Units | Type of abatement | Final Clearance |
| FRI - Friable ACM | LF - Linear ft. | REM - Removal | PCM - Phase contrast microscopy |
| NF1 - Cat I nonfriable ACM | SF - Square ft. | CAP - Encapsulation | TEM - Transmission electron microscopy |
| NF2 - Cat II nonfriable ACM | CF - Cubic ft. | CLO - Enclosure | |
| (Note: Allegheny County treats all ACM as friable) | | NON - None | |

13. Is this project regulated by NESHAP Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am _____ pm to _____ am _____ pm
Days of week (check) Mo Tu We Th Fr Sa Su
- B. Demolition: Start Date: December 1st Completion Date: January 31st
Daily hours of operation: 7:00 am am pm to 5:00 pm am pm
Days of week (check) Mo Tu We Th Fr Sa Su
- C. Renovation: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am _____ pm to _____ am _____ pm
Days of week (check) Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Take down, separate from existing structures, and
remove building. Backfill basement and temporary
seed and straw mulch

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one) Contractor Owner
 Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

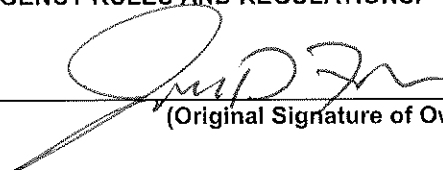
22. FOR ORDERED DEMOLITIONS (attach copy of order):
Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:
Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm) _____ Certification #: _____

******* SIGN BOTH STATEMENTS *******

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.




(Original Signature of Owner/Operator) 9/8/2022

(Date)

Printed Name of Owner/Operator: Jordan D. Funk Title: President

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.



(Original Signature of Owner/Operator) 9/8/2022

(Date)

Printed Name of Owner/Operator: Jordan D. Funk Title: President

FOR OFFICIAL USE ONLY

Instructions



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an **original signature**. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **Do not mail original notifications to the Department of Labor and Industry.**

- Special Notations:**
- All REVISIONS to a previous notification should be highlighted
 - Item #5 - Check the box that best describes the entire project
 - Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
 - Item #12 - Please provide the information in the format requested
 - If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in **all areas except Allegheny County and the City of Philadelphia**, this Notification and subsequent revisions (one original only, **no copies**) must be submitted to the following address.

Regular Mail
 ASBESTOS NOTIFICATION
 DEP BUREAU OF AIR QUALITY
 PO BOX 8468
 HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery
 ASBESTOS NOTIFICATION
 DEP BUREAU OF AIR QUALITY
 400 MARKET STREET
 HARRISBURG, PA 17101

For projects in **Allegheny County or the City of Philadelphia**, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department
 Air Quality Program
 Building 7
 301 39th Street
 Pittsburgh, PA 15201-1891
 Attn: Asbestos Abatement Permitting

City of Philadelphia
 Department of Public Health
 Air Management Services
 Asbestos Control Unit
 321 University Avenue
 Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos **NESHAP**, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)
 US EPA Region III
 1650 Arch Street
 Philadelphia, PA 19103

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

REMINDER: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature. -- SEE REVERSE FOR LIST OF CONTACTS --

Commonwealth Of PA
Clean Air Fund
909 Elmerton Avenue
Harrisburg, PA 17110-8200

Check: 119321
Date: 9/20/2022
Vendor: COMMPAWA

| Invoice | P.O. Num. | Invoice Amt | Prior Balance | Retention | Discount | Amt. Paid |
|----------------------------|-----------|---------------|---------------|-------------|-------------|---------------|
| 022-0920 | | 300.00 | 300.00 | 0.00 | 0.00 | 300.00 |
| 332 Locust St. Demo Permit | | | | | | |
| | | <u>300.00</u> | <u>300.00</u> | <u>0.00</u> | <u>0.00</u> | <u>300.00</u> |

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED BORDER

119321



3995 CONTINENTAL DRIVE
COLUMBIA, PA 17512
(717) 684-0708
www.dhfunk.com

Fulton Bank
LISTENING IS JUST THE BEGINNING.

60-142/313

DATE AMOUNT 119321

9/20/2022 *****300.00

PAY TO THE ORDER OF THE SUM OF THREE HUNDRED DOLLARS AND NO CENTS *****

THIS CHECK IS PROTECTED BY POSITIVE PAY

Commonwealth Of PA
Clean Air Fund
909 Elmerton Avenue
Harrisburg, PA 17110-8200

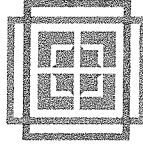


[Handwritten Signature]



THIS DOCUMENT CONTAINS HEAT SENSITIVE INK TOUCH OR PRESS HERE RED IMAGE DISAPPEARS WITH HEAT

PM 9/20/22
RECEIVED
SEP 22 2022
DEP SOUTH CENTRAL REGION
AIR QUALITY



LANCASTER COUNTY
**Redevelopment
Authority**

July 12, 2022

Subject: Demolition of Building – Utility Notification

Property to be Demolished:

- 332 Locust Street, Columbia, PA 17512

Dear Utility Provider,

This is to advise you that we will be performing demolition work on the above property. We are notifying you because you have been listed as having a utility connected to this property. We are asking that you disconnect the utility and send a release to the contact listed below stating that the utility's service connections have been disconnected, and that all appurtenant equipment has been removed, sealed, and plugged in a safe manner. If you need assistance accessing the property to do this, please reach out to the contact listed below.

If you have any questions, please contact:

Sean Krumpe

Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Thank you,

Lancaster County Redevelopment Authority

332 Locust Demolition Release



Megan Stiffey <MStiffey@columbiawater.net>

To: Sean Krumpe



Wed 8/3/2022 10:30 AM

Hi Sean,

Yes, yesterday at 1:00pm The meter was removed from 332 Locust St, and the water was turned off at the curb.

Thank you,

Megan

Megan Stiffey
Customer Service
(717) 684-2188
(717) 684-4566 (fax)
Email: mstiffey@columbiawater.net

Columbia Water Company
220 Locust Street
P.O. Box 350
Columbia, PA 17512





LANCASTER COUNTY
**Redevelopment
 Authority**

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

CERTIFIED MAIL



7021 1970 0001 2094 3446

CenturyLink
 1201 Walnut Bottom Road
 Carlisle, PA 17013-7688

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:

CenturyLink
 1201 Walnut Bottom Road
 Carlisle, PA 17013-7688



2. Article Number (Transfer from service label)

7021 1970 0001 2094 3446

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |

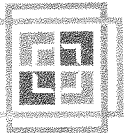
Postmark
 Here

Sent To
 CenturyLink
 Street and Apt. No., or PO Box No.
 1201 Walnut Bottom Road
 City, State, ZIP+4®
 Carlisle, PA 17013-7688

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

944E 4602 T000 026T T202



LANCASTER COUNTY
**Redevelopment
 Authority**

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

7021 1970 0001 2094 3293



CERTIFIED MAIL

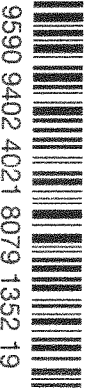
Columbia Water Company
 P.O. Box 350
 Columbia, PA 17512

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:

Columbia Water Company
 P.O. Box 350
 Columbia, PA 17512



9590 9402 4021 8079 1352 19

2. Article Number (Transfer from service label)

7021 1970 0001 2094 3293

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
 Here

Postage

\$

Total Postage and Fees

\$

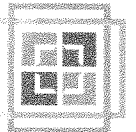
Sent To

Columbia Water Company
 Street and Apt. No., or PO Box No.
 P.O. Box 350
 City, State, ZIP+4®
 Columbia, PA 17512

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

EB2E 4602 T000 066T T20L



LANCASTER COUNTY
Redevelopment
 Authority

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

7021 1970 0001 2094 3439



CERTIFIED MAIL

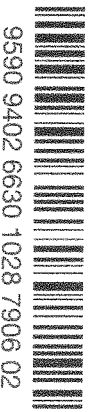
Comcast
 1131 South Duke Street
 Lancaster, PA 17602-4660

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:

Comcast
 1131 South Duke Street
 Lancaster, PA 17602-4660



9590 9402 6630 1028 7906 02

2. Article Number (Transfer from service label)

7021 1970 0001 2094 3439

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com

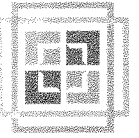
OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |

Postmark
 Here

Sent To
Comcast
 Street and Apt. No., or PO Box No.
1131 South Duke Street
 City, State, ZIP+4®
Lancaster, PA 17602-4660

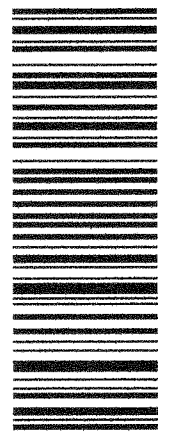
6E4E 4502 T000 066T T202



LANCASTER COUNTY
**Redevelopment
 Authority**

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

CERTIFIED MAIL



7021 1970 0001 2094 3309

Lancaster Area Sewer Authority
 130 Centerville Road
 Lancaster, PA 17603-4007

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:
 Lancaster Area Sewer Authority
 130 Centerville Road
 Lancaster, PA 17603-4007

2. Article Number (Transfer from service label)
 7021 1970 0001 2094 3309

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**U.S. Postal Service™
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 Domestic Mail Only**

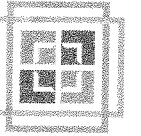
For delivery information, visit our website at www.usps.com

OFFICIAL USE

| | |
|---|------------------|
| Certified Mail Fee \$ | Postmark Here |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ | |

Sent To
 Lancaster Area Sewer Authority
 Street and Apt. No., or PO Box No.
 130 Centerville Road
 City, State, ZIP+4®
 Lancaster, PA 17603-4007

603E 4602 T000 046T T20L



LANCASTER COUNTY
Redevelopment
 Authority

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

CERTIFIED MAIL



7021 1970 0001 2094 3354

PPL Electric Utilities
 651 Delp Road
 Lancaster, PA 17601-3034

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:

PPL Electric Utilities
 651 Delp Road
 Lancaster, PA 17601-3034



9590 9402 6630 1028 7906 26

2. Article Number (Transfer from service label)

7021 1970 0001 2094 3354

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Insured Mail |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

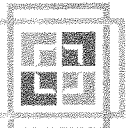
OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |

Postmark
 Here

Sent to
 PPL Electric Utilities
 Street and Apt. No., or PO Box No.
 651 Delp Road
 City, State, ZIP+4®
 Lancaster, PA 17601-3034

45EE 4602 T000 046T 720L



LANCASTER COUNTY
Redevelopment Authority

28 Penn Square • Suite 200 • Lancaster, PA 17603-4297

7021 1970 0001 2094 3316



CERTIFIED MAIL

UGI Utilities Inc.
 262 Conestoga Street
 Lancaster, PA 17603-5304

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:
 UGI Utilities Inc.
 262 Conestoga Street
 Lancaster, PA 17603-5304



2. Article Number (Transfer from service label)
 7021 1970 0001 2094 3316

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

| | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Insured Mail (over \$500) |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Insured Mail Restricted Delivery |

Domestic Return Receipt

**U.S. Postal Service™
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 Domestic Mail Only**

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

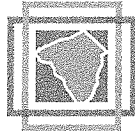
Postage \$ _____

Total Postage and Fees \$ _____

Postmark
 Here

Sent To
 UGI Utilities Inc.
 Street and Apt. No., or PO Box No.
 262 Conestoga Street
 City, State, ZIP+4®
 Lancaster, PA 17603-5304

9TEE 4602 T000 026T T202



LANCASTER COUNTY

**Land Bank
Authority**

SUPPORTED BY THE LANCASTER COUNTY
REDEVELOPMENT AUTHORITY

August 2, 2022

Subject: Demolition of Structure

Property to be Demolished:

- 332 Locust Street, Columbia, PA 17512

Dear Resident,

This is to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located near yours.

If you have any questions, please contact:

Sean Krumpe

Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Thank you,

Lancaster County Land Bank Authority



October 1, 2022

Subject: Demolition of Structure

Property to be Demolished:

332 Locust Street, Columbia, PA 17512

Resident,

We wish to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located at 332 Locust Street, Columbia, PA 17512. If you have any questions, please contact:

Mr. Peter Skrumpe

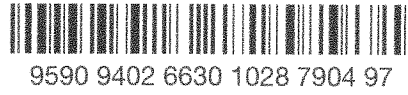
Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Sincerely,

Director, Lancaster County Land Bank Authority

| 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. | | A. Signature X | |
| 1. Article Addressed to: Current Resident 327 Locust Street Columbia, PA 17512-1120 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) 7021 1970 0001 2094 3422 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |



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

Domestic Return Receipt

7021 1970 0001 2094 3422

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent To: Current Resident
 Street and Apt. No., or PO Box No. 327 Locust Street
 City, State, ZIP+4® Columbia PA 17512-1120

PS Form 3800, April 2015 PSN 7530-00-000-9047 See Reverse for Instructions



August 2, 2022

Subject: Demolition of Structure

Property to be Demolished:

• 332 Locust Street, Columbia, PA 17512

Dear Resident,

We wish to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located near yours.

If you have any questions, please contact:

Sharon Krumpe


Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Thank you,

Lancaster County Land Bank Authority

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

| 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 type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Current Resident 331 Locust Street Columbia, PA 17512-1120</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> | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">  9590 9402 6630 1028 7862 92 </div> <p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="font-size: 1.2em;">7021 1970 0001 2094 3415</p> | <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |

7021 1970 0001 2094 3415

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| <p>Send To</p> <p style="font-size: 0.8em;">Street and Apt. No., or PO Box No. City, State, ZIP+4®</p> <p style="font-size: 1.2em;">Current Resident 331 Locust Street Columbia, PA 17512-1120</p> <p style="font-size: 0.8em;">PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p> | <p>Certified Mail Fee</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>Total Postage and Fees \$ _____</p> <p style="text-align: center; font-size: 0.8em;">Postmark Here</p> |



August 2, 2022

Subject: Demolition of Structure

Property to be Demolished:

332 Locust Street, Columbia, PA 17512

Current Resident,

We wish to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located at 332 Locust Street, Columbia, PA 17512. This work is for the benefit of the community and is necessary for the development of the area. Thank you for your understanding and cooperation.

If you have any questions, please contact:

Krumpe

Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Thank you,

Lancaster County Land Bank Authority

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

| 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 type="checkbox"/> Addressee</p> <p>X</p> | | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Current Resident 336 Locust Street Columbia, PA 17512-1121</p> | B. Received by (Printed Name) | C. Date of Delivery | | | | | | | | | | | | | | | | |
| | <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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 1970 0001 2095 3650</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | | |
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| <p>9590 9402 6630 1028 7864 69</p> | | | | | | | | | | | | | | | | | | |

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent To: Current Resident

Street and Apt. No., or P.O. Box No. 336 Locust Street

City, State, ZIP+4® Columbia PA 17512-1121

PS Form 3800, April 2015 PSN 7530-02-100-9049 See Reverse for Instructions



August 2, 2022

Subject: Demolition of Structure

Property to be Demolished:

332 Locust Street, Columbia, PA 17512

Dear Resident,

We wish to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located near your property.

If you have any questions, please contact:

Tim Krumpe

Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Sincerely,

Director, Lancaster County Land Bank Authority

| 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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery _____</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>1. Article Addressed to:</p> <p>Current Resident 340 Locust Street Columbia, PA 17512-1121</p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
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| <p>2. Article Number (<i>Transfer from service label</i>)</p> <p>7021 1970 0001 2094 3408</p> | <p>Postmark Here</p> | | | | | | | | | | | | | | | | |



7021 1970 0001 2094 3408

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Extra Services & Fees (check box and fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Sent to: Current Resident
340 Locust Street
Columbia, PA 17512-1121

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions



October 2, 2022

Subject: Demolition of Structure

Property to be Demolished:

332 Locust Street, Columbia, PA 17512

Current Resident,

We would like to advise you that from October 1, 2022, to November 30, 2022, we will be performing demolition work on the above property, located at 332 Locust Street, Columbia, PA 17512. If you have any questions, please contact:

For information, please contact:

Mr. Skrumpe

Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

Thank you,

Lancaster County Land Bank Authority

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:
 Current Resident
 341 Locust Street
 Columbia, PA 17512-1120

2. Article Number (Transfer from service label)
 7021 1970 0001 2094 3392

9590 9402 6630 1028 7862 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

| | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
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| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |
| Postage | \$ _____ |
| Total Postage and Fees | \$ _____ |

Sent To _____
 Street and Apt. No., or PO Box No. _____
 City, State, Zip+4 _____
 Postmark Here _____

7021 1970 0001 2094 3392

Sent To: Current Resident
 341 Locust Street
 Columbia, PA 17512-1120



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|------------------------|
| PRODUCER The Rigg Darlington Group 14 East Welsh Pool Road Exton PA 19341 | | CONTACT NAME: Melissa Phillips, CISR Elite PHONE (A/C, No, Ext): (484) 876-2222 FAX (A/C, No): (484) 876-3120 E-MAIL ADDRESS: mphillips@rdgins.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Penn National Mutual Casualty Ins Co | NAIC # 14990 |
| INSURED | | INSURER B: | |
| D.H. Funk & Sons, LLC 3995 Continental Drive | | INSURER C: | |
| Columbia PA 17512-9710 | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 22-23 MISC

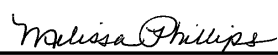
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|---------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CL90713818 | 10/06/2022 | 10/06/2023 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | AU90713818 | 10/06/2022 | 10/06/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | UL90713818 | 10/06/2022 | 10/06/2023 | EACH OCCURRENCE | \$ 10,000,000 |
| | | | | | | | AGGREGATE | \$ 10,000,000 |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WC90713818 | 10/06/2022 | 10/06/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Lancaster County Redevelopment Authority 28 Penn Square Suite 200 Lancaster PA 17603 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

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LANCASTER
53 West James Street
Suite 101
Lancaster, PA 17603
717.715.1396

YORK
221 W. Philadelphia Street
Suite 108E
York, PA 17401
717.854.3910

HARRISBURG
320 Market Street
Suite 550
Harrisburg, PA 17101
717.599.7615

September 20, 2022

Mr. Mark Stivers, Borough Manager
Borough of Columbia
308 Locust Street
Columbia, PA 17512

**RE: Luthercare – 1200 Locust Street
Preliminary/Final Land Development Plan
Columbia Borough, Lancaster County
RGS Project No. 2013824-007**

Dear Mr. Stivers:

This letter is respectfully submitted in response to the above-referenced Plan Review, as prepared by Derek J. Rinaldo, EIT, C.S. Davidson, Inc., for Luthercare – 1200 Locust Street, dated July 2, 2021. We offer the following revisions, additions, or responses to the comments and recommendations:

Zoning Ordinance Comments

Comment #1

A street opening permit is required for the work in Locust Street and South Twelfth Street (186-8).

Response #1

A street opening permit will be completed and submitted before starting the work in Locust Street and South Twelfth Street.

Comment #2

Trees are required to be provided along the adjacent public right of ways (Section 220-27). The Borough shall determine if trees will be required along South Twelfth Street.

Response #2

The required street trees have been shown on Sheet 9 of the plan set per the direction of the Borough. Plans that reflect this change has been previously provided to the Borough.

Subdivision and Land Development Ordinance Comments

Comment #2

Financial security is required for proposed improvements (190-19K(1), 190-28, and 190-29). A recommendation for security amount will be provided under a separate letter.

Response #2

The financial security will be provided to the Borough under separate cover sent directly from the bank.

Comment #4

The following certificates shall be fully and properly executed, prior to final plan approval (190-25B(4)(a)):

- a. Engineer's Certificate
- b. Survey Certificate
- c. Certificate of Ownership
- d. The LCPC Certificate

Response #4

The certificates outlined above have been executed as required prior to final plan recording.

Stormwater Ordinance Comments

Comment #1

All stormwater management technical comments have been addressed. An operation and maintenance agreement shall be recorded with the plan

Response #1

The Operation and Maintenance agreement relating to this project is included with this submission to be executed by the Borough prior to being recorded with the plan.

Thank you for your assistance with this review process. Please contact our office with any questions or comments you may have.

Sincerely,

RGS ASSOCIATES, INC.

Ryan Trees, EIT
Project Engineering Designer

Enclosures:

Recreation Fee Request, dated September 20, 2022
O&M Agreement (For Execution)

cc: Matthew Oathout, LutherCare (via e-mail)
Derek Rinaldo, C.S. Davidson (via e-mail)



October 7, 2022

Mr. Mark Stivers, Borough Manager
Borough of Columbia
308 Locust Street
Columbia, PA 17512

Re: Luthercare – 1200 Locust Street
Preliminary/Final Land Development Plan
Columbia Borough, Lancaster County, PA
Engineer's Project No. 3981.3.19.09

Dear Mark:

We have reviewed the above-referenced Final Land Development Plan, last revised dated November 22, 2021, and prepared by RGS Associates, Inc. We note the following administrative items to address prior to plan recording:

Subdivision and Land Development Ordinance Comments

1. Financial security must be secured for the proposed public improvements (190-19K(1), 190-28, and 190-29). Borough Council has set the required security amount at \$509,235.65.
2. The following certificates shall be fully and properly executed (190-25B(4)(a)):
 - a. Engineer's Certificate
 - b. Survey Certificate
 - c. Certificate of Ownership
 - d. The LCPC Certificate
3. Residential Land Developments shall provide for the dedication of recreation land/facilities and/or the payment of fees in lieu thereof (190-36). The applicant has proposed payment of a fee in the amount of \$9,310. The Borough must determine if this proposal is acceptable and receive payment prior to plan recording.

Stormwater Ordinance Comments

1. All stormwater management technical comments have been addressed. An operation and maintenance agreement has been provided for Borough execution and applicant recording.

If you have any questions regarding this review, please do not hesitate to contact me directly at (717) 814-4537 or [dj@csdavidson.com](mailto:djr@csdavidson.com).

Sincerely,

Derek J. Rinaldo, E.I.T.

DJR/cah

Copy: RGS Associates (via email)

K:\398131909\Correspondence\Letters-Reports\2022-10-07 Plan Rev Ltr.docx

APPENDIX A

OPERATION AND MAINTENANCE (O&M) AGREEMENT

STORMWATER MANAGEMENT BEST MANAGEMENT PRACTICES (SWM BMPs)

THIS AGREEMENT, made and entered into this ____ day of _____, 20____, by and between Luthercare (hereinafter the "Landowner"), and Columbia Borough, Lancaster County, Pennsylvania (hereinafter "Borough");

WITNESSETH

WHEREAS, the Landowner is the owner of certain real property as recorded by deed in the land records of Lancaster County, Pennsylvania, Deed Book _____ at page _____, (hereinafter "Property").

WHEREAS, the Landowner is proceeding to build and develop the Property; and

WHEREAS, the SWM BMP Operation and Maintenance (O&M) Plan approved by the Borough (hereinafter referred to as the "O&M Plan") for the property identified herein, which is attached hereto as Appendix A and made part hereof, as approved by the Borough, provides for management of stormwater within the confines of the Property through the use of BMPs; and

WHEREAS, the Borough, and the Landowner, his successors and assigns, agree that the health, safety, and welfare of the residents of the Borough and the protection and maintenance of water quality require that on-site SWM BMPs be constructed and maintained on the Property; and

WHEREAS, the Borough requires, through the implementation of the SWM Site Plan, that SWM BMPs as required by said SWM Site Plan and the Borough Stormwater Management Ordinance be constructed and adequately operated and maintained by the Landowner, successors, and assigns.

NOW, THEREFORE, in consideration of the foregoing promises, the mutual covenants contained herein, and the following terms and conditions, the parties hereto agree as follows:

1. The Landowner shall construct the BMPs in accordance with the plans and specifications identified in the SWM Site Plan.
2. The Landowner shall operate and maintain the BMPs as shown on the SWM Site Plan in good working order in accordance with the specific operation and maintenance requirements noted on the approved O&M Plan.
3. The Landowner hereby grants permission to the Borough, its authorized agents and employees, to enter upon the property, at reasonable times and upon presentation of proper credentials, to inspect the BMPs whenever necessary. Whenever possible, the Borough shall notify the Landowner prior to entering the property.
4. In the event the Landowner fails to operate and maintain the BMPs per paragraph 2, the Borough or its representatives may enter upon the Property and take whatever action is deemed necessary to maintain said BMP(s). It is expressly understood and agreed that the Borough is under no obligation to maintain or repair said facilities, and in no event shall this Agreement be construed to impose any such obligation on the Borough.

5. In the event the Borough, pursuant to this Agreement, performs work of any nature, or expends any funds in performance of said work for labor, use of equipment, supplies, materials, and the like, the Landowner shall reimburse the Borough for all expenses (direct and indirect) incurred within 10 days of receipt of invoice from the Borough.
6. The intent and purpose of this Agreement is to ensure the proper maintenance of the on-site BMPs by the Landowner; provided, however, that this Agreement shall not be deemed to create any additional liability of any party for damage alleged to result from or be caused by stormwater runoff.
7. The Landowner, its executors, administrators, assigns, and other successors in interests, shall release the Borough from all damages, accidents, casualties, occurrences, or claims which might arise or be asserted against said employees and representatives from the construction, presence, existence, or maintenance of the BMP(s) by the Landowner or Borough.
8. The Borough intends to inspect the BMPs at a minimum of once every three (3) years to ensure their continued functioning.

This Agreement shall be recorded at the Office of the Recorder of Deeds of Lancaster County,

Pennsylvania, and shall constitute a covenant running with the Property and/or equitable servitude, and shall be binding on the Landowner, his administrators, executors, assigns, heirs, and any other successors in interests, in perpetuity.

ATTEST: Shawn Cin

WITNESS the following signatures and seals:

(SEAL)

For the Borough:

[Signature]

Columbia (City, Borough, Township)

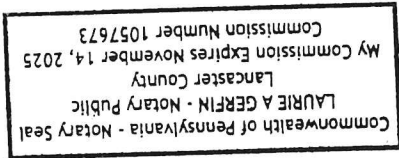
County of Lancaster, Pennsylvania

I, Laurie A. Gerfin, a Notary Public in and for the county and state aforesaid, whose commission expires on the 14th day of November, 2025, do hereby certify that those whose name(s) is/are signed to the foregoing Agreement bearing date of the day 10/10, 2022, has acknowledged the same before me in my said county and state.

GIVEN UNDER MY HAND THIS 10th day of October, 2022

Laurie A. Gerfin
NOTARY PUBLIC

(SEAL)



For the Landowner:

[Signature]

ATTEST:

Columbia (City, Borough, Township)

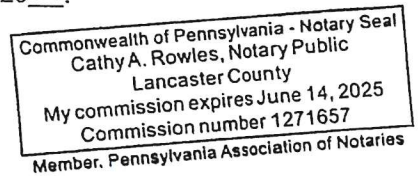
County of Lancaster, Pennsylvania

I, Cathy A. Rowles, a Notary Public in and for the county and state aforesaid, whose commission expires on the 14 day of June, 2025, do hereby certify that Matthew Cathout whose name(s) is/are signed to the foregoing Agreement bearing date of the day September 14, 2022, has acknowledged the same before me in my said county and state.

GIVEN UNDER MY HAND THIS 14 day of September, 2022

Cathy A. Rowles
NOTARY PUBLIC

(SEAL)



| BMP TYPE | FACILITY NOS. | CONSTRUCTION NOTES | CRITICAL STAGES OF CONSTRUCTION | OPERATION AND MAINTENANCE |
|--|---------------|---|--|--|
| CONSTRUCTED FILTER PA DEP BMP 6.4.7 | SWMF NO. 1 | <ul style="list-style-type: none"> AT ALL TIMES DURING CONSTRUCTION THE FACILITY SHALL BE PROTECTED FROM COMPACTION (WITHIN TWO FEET OF THE SUBGRADE OF THE FACILITY). THE FACILITY MAY NOT RECEIVE RUNOFF UNTIL THE ENTIRE CONTRIBUTING DRAINAGE AREA TO FACILITY HAS RECEIVED FINAL STABILIZATION. UPLAND TRIBUTARY CONVEYANCE FACILITIES SHALL BE FLUSHED AND SEDIMENT REMOVED. CONTRACTOR SHALL PREVENT SEDIMENT LADEN RUNOFF FROM ENTERING THE FACILITY. CONTRACTOR SHALL USE LOW-PRESSURE EQUIPMENT AND UTILIZE NON-INFILTRATION AREAS FOR EQUIPMENT STAGING TO PERFORM EXCAVATION AND INSTALLATION. SEDIMENT LADEN OVERBURDEN AND DEPOSITION SHALL BE REMOVED FROM THE FACILITY TO PROVIDE A FREE DRAINING SUBGRADE. CONTRACTOR TO TEST PIT FACILITY PRIOR TO INSTALLATION TO DETERMINE DEPTH TO LIMITING ZONE (BED ROCK OR WATER TABLE). THE CONTRACTOR SHALL PROVIDE A MIN. OF 2 FEET OF SEPARATION BETWEEN THE BOTTOM OF THE FACILITY AND THE LIMITING ZONE IN ACCORDANCE WITH APPENDIX C OF THE PA DEP BMP MANUAL. IF A MINIMUM OF 2 FT CANNOT BE PROVIDED TO BED ROCK THE CONTRACTOR SHALL PROVIDE AN ADDITIONAL 2' SOIL MANTLE BETWEEN THE FACILITY AND THE BED ROCK IN ACCORDANCE WITH THE RECOMMENDATION AND UNDER THE DIRECTION OF THE PROJECT GEO-TECHNICAL ENGINEER. PLACEMENT OF THE SOIL MEDIA SHALL BE DONE IN TWO (2) LIFTS TO THE DEPTH SHOWN ON THE DETAIL. OVERFILLING IS RECOMMENDED TO ACCOUNT FOR SETTLEMENT. LIGHT HAND TAMPING IS ACCEPTABLE IF NECESSARY. PRESOAK THE PLANTING SOIL PRIOR TO PLANTING VEGETATION TO AID IN SETTLEMENT. EROSION CONTROL BLANKET OR HYDROSEED SHALL BE APPLIED TO THE BOTTOM OF THE FACILITY TO PROMOTE EARLY STABILIZATION AND ESTABLISHMENT. PLANT VEGETATION ACCORDING WITH THE APPROVED LANDSCAPE PLAN AND DETAILS. | <ol style="list-style-type: none"> REVIEW MATERIAL COMPONENTS OF THE FACILITY (SEE MATERIAL SPECIFICATIONS): <ul style="list-style-type: none"> SOIL MEDIA MATERIAL RECEIPT, OR TESTING RESULTS FOR PRE-CERTIFIED MEDIA RECEIPT EXCAVATION OF STONE WINDOWS TO BEDROCK PLACEMENT TO CLAY LINER WEIR WALL UNDERDRAIN INSTALLATION OF WEIR WALL AS SPECIFIED. FIELD MEASURE EXCAVATED BOTTOM FOR GENERAL CONFORMANCE WITH THE REQUIRED SURFACE AREA OF BMP BOTTOM. INSTALLATION OF UNDERDRAIN AS SPECIFIED ON PLAN. PLACEMENT OF SOIL MEDIA TO DEPTH SPECIFIED ON PLAN. VISUAL INSPECTION OF EMERGENCY SPILLWAY, REMAINING WEIR WALL APPURTENANCES, AND RIPRAP CHANNELS. | <p>GENERAL REQUIREMENTS:</p> <ul style="list-style-type: none"> THE AREAS OF VEGETATION WHICH FAIL TO SUSTAIN YEARLY GROWTH ARE TO BE REPLANTED OR RESEEDED ON A YEARLY BASIS OR UNTIL CONSISTENT GERMINATION CAN BE SUSTAINED. SHRUBS OR GRASSES WHICH ARE DEAD ARE TO BE REPLACED DURING GERMINATION PERIODS. VEGETATION ON THE EMBANKMENT AND SIDESLOPES SHALL BE MOWED ANYTIME THE VEGETATION IS GREATER THAN 6" IN HEIGHT OR AS REQUIRED BY THE MUNICIPALITY. MATERIALS THAT ARE REMOVED MUST BE DISPOSED IN ACCORDANCE WITH APPLICABLE REGULATIONS. CARE SHALL BE TAKEN NOT TO DAMAGE THE REMAINING STRUCTURES/PIPING WITHIN THE FACILITY, DURING THE MAINTENANCE OPERATIONS. THE UNDERDRAIN SHALL ONLY BE OPENED FOR MAINTENANCE PURPOSES WHEN THE BASIN EXPERIENCES FAILURE. <p>REGULAR MAINTENANCE: (AFTER EACH 3 INCH RAINFALL EVENT OR A MINIMUM OF TWICE PER YEAR):</p> <ul style="list-style-type: none"> REMOVE ACCUMULATED SEDIMENT, TRASH, AND DEBRIS FROM THE FACILITY. MOW OR TRIM FACILITY BOTTOM VEGETATION TO A HEIGHT OF 6 INCHES TWICE A YEAR; REMOVE CLIPPINGS AND INVASIVE PLANTS. IF 72 HOURS AFTER A RAINFALL EVENT, PONDING WATER IS FOUND WITHIN THE PRINCIPAL SPILLWAY OR ON THE SURFACE ABOVE THE FACILITY, THE FACILITY IS NOT OPERATING PROPERLY. IF THE FACILITY IS NOT DRAINING PROPERLY, UTILIZE THE UNDERDRAIN SYSTEM (IF APPLICABLE) OR PUMP FOR DEWATERING. REMOVE AND REPLACE AREAS OF SOIL MEDIA WHICH APPEAR TO HAVE SEDIMENT ACCUMULATION, CLOGGED, OR HOLDING WATER. INSPECT THE FACILITY FOR RILLS ON THE EMERGENCY SPILLWAY, INTERIOR, AND EXTERIOR EMBANKMENT SLOPES. REPAIR RILL AREAS WITH CLEAN FILL AND TOPSOIL WITH LIGHT TAMPING; RESEED DISTURBED AREAS. INSPECT PRINCIPAL SPILLWAY OUTLET WEIR WALL VELOCITY DISSIPATER, AND REMAINING APPURTENANCES. CONTACT PROJECT ENGINEER FOR REPAIR SOLUTIONS IF THESE COMPONENTS ARE DAMAGED. <p>DOCUMENTATION REQUIREMENTS:</p> <ul style="list-style-type: none"> PREPARE ANNUAL INSPECTION REPORTS AS REQUIRED BY THE MUNICIPAL ORDINANCE AND STORMWATER AGREEMENT. PREPARE AND MAINTAIN INSPECTION, REPAIR, AND REPLACEMENT LOGS/REPORTS IN ACCORDANCE WITH PA DEP CHAPTER 102 REGULATIONS AND THE CONDITIONS OF THE NPDES PERMIT. |
| CONVEYANCE FACILITIES (NOT A PCSM BMP) | | <ol style="list-style-type: none"> ALL STORM DRAIN AND CONVEYANCE SWALES SHALL BE INSTALLED AT THE LOCATION AND IN ACCORDANCE WITH THE DETAILS AND SPECIFICATIONS INCLUDED ON THIS PLAN, UNLESS OTHERWISE REQUIRED BY THE MUNICIPALITY. | <ol style="list-style-type: none"> VERIFICATION OF INLET STRUCTURE LOCATION, SIZE, DEPTH, AND CONNECTING PIPE INVERTS OR CHANNEL GEOMETRY | <p>GENERAL REQUIREMENTS:</p> <ul style="list-style-type: none"> THE FACILITY SHALL ALSO BE CLEANED IMMEDIATELY AFTER PETROLEUM SPILLS. THE OWNER SHALL CONTACT THE APPROPRIATE REGULATORY AGENCIES (BUT NOT LIMITED TO THE PA DEP AND THE TOWNSHIP) IN THE EVENT OF A SPILL AND CLEANUP OPERATION. CLEAN OUT AND DISPOSE OF ACCUMULATED OIL, GREASE, AND SEDIMENTS. REMOVE ACCUMULATED TRASH AND DEBRIS. THE CLEAN OUT AND DISPOSAL TECHNIQUES SHOULD BE ENVIRONMENTALLY ACCEPTABLE AND IN ACCORDANCE WITH LOCAL REGULATIONS. SEDIMENT AND DEBRIS SHALL BE REMOVED FROM THE UNDERGROUND SWM FACILITY BY VACUUM TRUCK OR OTHER MANUAL MEANS. THE OWNER SHALL DISPOSE OF REMOVED SEDIMENT AND DEBRIS IN ACCORDANCE WITH THE RECYCLING AND DISPOSAL NOTES. <p>REGULAR MAINTENANCE: (AFTER EACH 3 INCH RAINFALL EVENT OR A MINIMUM OF TWICE PER YEAR):</p> <ul style="list-style-type: none"> REMOVE ACCUMULATED SEDIMENT, TRASH, AND DEBRIS FROM THE FACILITY. CLEAN OUT AND DISPOSE OF ACCUMULATED OIL, GREASE, AND SEDIMENTS. REMOVE ACCUMULATED TRASH AND DEBRIS. THE CLEAN OUT AND DISPOSAL TECHNIQUES SHOULD BE ENVIRONMENTALLY ACCEPTABLE AND IN ACCORDANCE WITH LOCAL REGULATIONS. SEDIMENT AND DEBRIS SHALL BE REMOVED FROM THE UNDERGROUND SWM FACILITY BY VACUUM TRUCK OR OTHER MANUAL MEANS. THE OWNER SHALL DISPOSE OF REMOVED SEDIMENT AND DEBRIS IN ACCORDANCE WITH THE RECYCLING AND DISPOSAL NOTES. <p>DOCUMENTATION REQUIREMENTS:</p> <ul style="list-style-type: none"> PREPARE ANNUAL INSPECTION REPORTS AS REQUIRED BY THE MUNICIPAL ORDINANCE AND STORMWATER AGREEMENT. PREPARE AND MAINTAIN INSPECTION, REPAIR, AND REPLACEMENT LOGS/REPORTS IN ACCORDANCE WITH PA DEP CHAPTER 102 REGULATIONS AND THE CONDITIONS OF THE NPDES PERMIT. |
| OUTLET PROTECTION (NOT A PCSM BMP) | | <ol style="list-style-type: none"> RIP-RAP APRONS/PLUNGE POOLS SHALL BE INSTALLED AT THE LOCATION AND IN ACCORDANCE WITH THE DETAILS INCLUDED ON THIS PLAN. | <ol style="list-style-type: none"> VISUAL INSPECTION OF THE RIP-RAP APRONS/PLUNGE POOLS TO ENSURE INSTALLATION IS IN GENERAL CONFORMANCE WITH THE PLAN. | <p>GENERAL REQUIREMENTS:</p> <ul style="list-style-type: none"> THE FACILITY SHALL ALSO BE CLEANED IMMEDIATELY AFTER PETROLEUM SPILLS. THE OWNER SHALL CONTACT THE APPROPRIATE REGULATORY AGENCIES (BUT NOT LIMITED TO THE PA DEP AND THE TOWNSHIP) IN THE EVENT OF A SPILL AND CLEANUP OPERATION. CLEAN OUT AND DISPOSE OF ACCUMULATED OIL, GREASE, AND SEDIMENTS. REMOVE ACCUMULATED TRASH AND DEBRIS. THE CLEAN OUT AND DISPOSAL TECHNIQUES SHOULD BE ENVIRONMENTALLY ACCEPTABLE AND IN ACCORDANCE WITH LOCAL REGULATIONS. SEDIMENT AND DEBRIS SHALL BE REMOVED FROM THE UNDERGROUND SWM FACILITY BY VACUUM TRUCK OR OTHER MANUAL MEANS. THE OWNER SHALL DISPOSE OF REMOVED SEDIMENT AND DEBRIS IN ACCORDANCE WITH THE RECYCLING AND DISPOSAL NOTES. <p>REGULAR MAINTENANCE: (AFTER EACH 3 INCH RAINFALL EVENT OR A MINIMUM OF TWICE PER YEAR):</p> <ul style="list-style-type: none"> REMOVE ACCUMULATED SEDIMENT, TRASH, AND DEBRIS FROM THE FACILITY. CLEAN OUT AND DISPOSE OF ACCUMULATED OIL, GREASE, AND SEDIMENTS. REMOVE ACCUMULATED TRASH AND DEBRIS. THE CLEAN OUT AND DISPOSAL TECHNIQUES SHOULD BE ENVIRONMENTALLY ACCEPTABLE AND IN ACCORDANCE WITH LOCAL REGULATIONS. SEDIMENT AND DEBRIS SHALL BE REMOVED FROM THE UNDERGROUND SWM FACILITY BY VACUUM TRUCK OR OTHER MANUAL MEANS. THE OWNER SHALL DISPOSE OF REMOVED SEDIMENT AND DEBRIS IN ACCORDANCE WITH THE RECYCLING AND DISPOSAL NOTES. <p>DOCUMENTATION REQUIREMENTS:</p> <ul style="list-style-type: none"> PREPARE ANNUAL INSPECTION REPORTS AS REQUIRED BY THE MUNICIPAL ORDINANCE AND STORMWATER AGREEMENT. PREPARE AND MAINTAIN INSPECTION, REPAIR, AND REPLACEMENT LOGS/REPORTS IN ACCORDANCE WITH PA DEP CHAPTER 102 REGULATIONS AND THE CONDITIONS OF THE NPDES PERMIT. |



LANCASTER
53 West James Street
Suite 101
Lancaster, PA 17603
717.715.1396

YORK
221 W. Philadelphia Street
Suite 108E
York, PA 17401
717.854.3910

HARRISBURG
320 Market Street
Suite 550
Harrisburg, PA 17101
717.599.7615

September 20, 2022

Mr. Mark Stivers, Borough Manager
Borough of Columbia
308 Locust Street
Columbia, PA 17512

**RE: Luthercare – 1200 Locust Street
Recreation Fee Request
Columbia Borough, Lancaster County
RGS Project No. 2013824-007**

Dear Mr. Stivers:

Per Section 190-36 of the Subdivision and Land Development Ordinance, all plans for residential land developments shall provide for the dedication of land for park and open space uses, and/or, upon agreement by the applicant, the construction of recreation facilities, the payment of fees in lieu thereof, the private reservation of land, or any combination thereof.

The applicant is requesting that the Borough the reservation of 0.85 acres of land of land as open space for use of the residents and a fee in the amount of \$9,310. The proposed fee is based upon the attached Calculations and Exhibit.

Thank you for your consideration of this proposal. Please contact our office with any questions or comments you may have.

Sincerely,

RGS ASSOCIATES, INC.

A handwritten signature in black ink that reads 'Joyce C. Gerhart'.

Joyce C. Gerhart, RLA
Client Manager/Associate

Enclosures:

Recreation Fee Calculations Exhibit, dated September 20, 2022
Open Space Area Exhibit, dated September 16, 2022

cc: Matthew Oathout, Luthercare (via e-mail)
Derek Rinaldo, C.S. Davidson (via e-mail)

Final Plan
Saint John's Herr Estate
RGS Project No.: 2013824-007
Park and Recreation Fee In-lieu-of Dedication Calculation
Prepared: September 20, 2022

1200 LOCUST STREET - FEE IN LIEU OF DEDICATION (RECREATION AREA)

0.075 AC/DWELLING UNIT REQUIRED BY SECTION 190-36.C.1
14 DWELLING UNITS PROPOSED

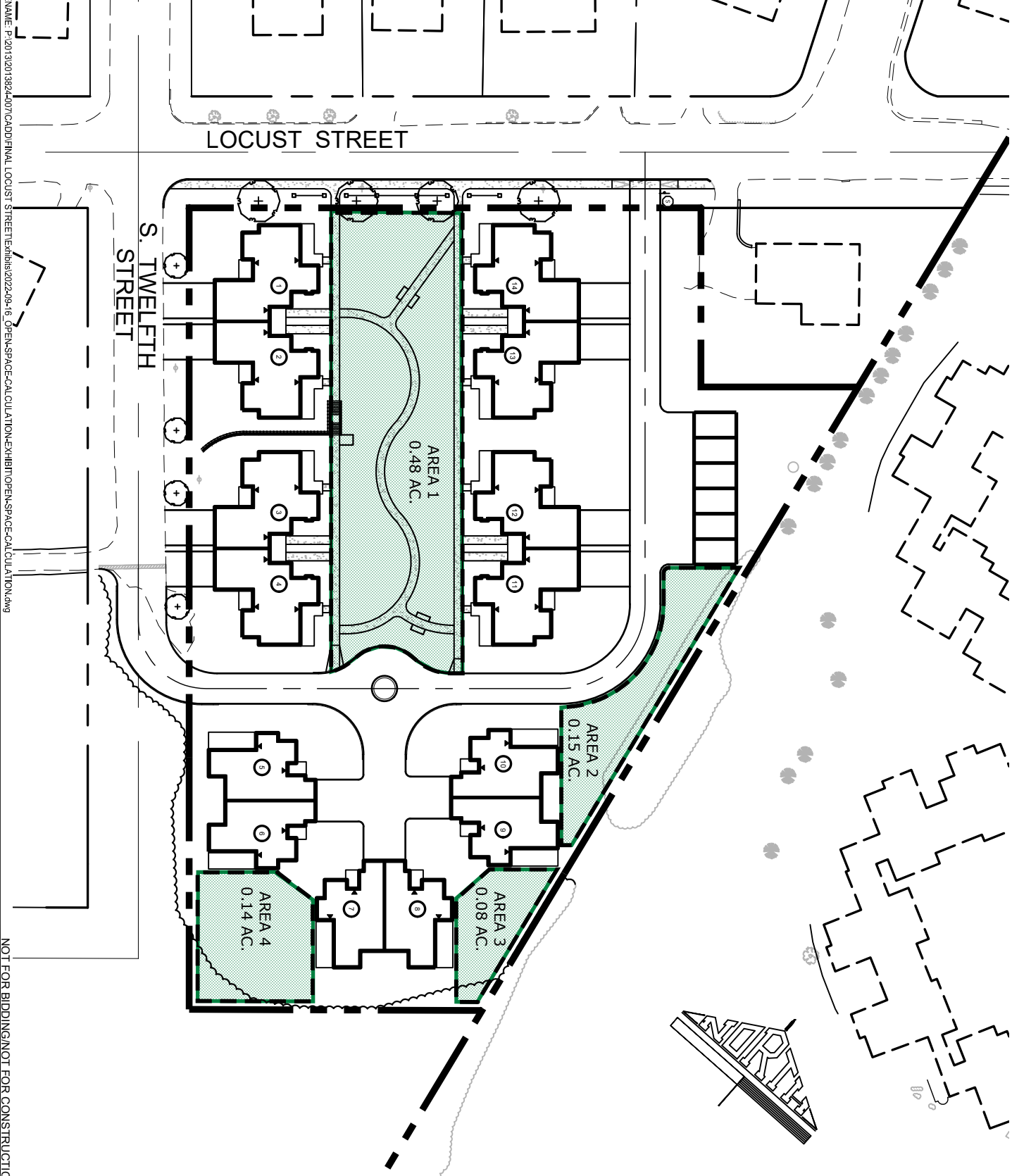
1.05 AC. REQUIRED FOR DEDICATION (0.075 AC/DU x 14 DU)

-0.85 AC. RECREATION AREA PROVIDED FOR THE RESIDENTS (SEE ATTACHED EXHIBIT)

0.20 AC. NET RECREATION AREA FOR FEE IN-LIEU OF DEDICATION CALCULATION

\$ 46,552 VALUE OF LAND BASED ON PURCHASED PRICE (\$135,000/2.9 AC)

\$ **9,310** FEE IN LIEU OF AMOUNT BASED ON PURCHASE PRICE (VALUE X 0.20 AC)



NOT FOR BIDDING/NOT FOR CONSTRUCTION

DATE: 09/16/2022

PROJECT NO.: 2013824-007

SCALE: 1" = 80'

SHEET NO.: 1 OF 1



Land Planning
Landscape Architecture
Civil Engineering

53 West James Street
Suite 501, Lancaster, PA 17603
(717) 715-1396 FAX: (717) 435-8277

221 W. Philadelphia Street
Suite 100E, York, PA 17401
(717) 854-3910

320 N. Market Street
Suite 550W, Harrisburg, PA 17101
(717) 559-7615

E-mail: info@rgsassociates.com
www.rgsassociates.com

PROJECT TITLE
**LUTHERCARE
1200 LOCUST STREET**

COLUMBIA BOROUGH LANCASTER COUNTY, PA.

SHEET TITLE
OPEN SPACE CALCULATION EXHIBIT

CLIENT
LUTHERCARE
600 EAST MAIN STREET
LITITZ, PA 17543
ATTN: MATT OATHOUT
(717) 626-1171

Columbia Borough

| Address |  | Approved for acquisition | Acquired/pre-development | Sold to developer | Developed in-house | Acquisition Funding Source | Rehab Funding Source | Completed | Sold to homeowner | Comments |
|-------------------------|---|--------------------------|--------------------------|-------------------|--------------------|----------------------------|----------------------|-----------|-------------------|---|
| 304 Cherry Street |  | X | X | | X | Local | LOC | X | X | |
| 511 Cherry Street |  | X | X | X | | Local | Private | X | X | |
| 208-210 Locust Street |  | X | X | X | | Local | Private | | | Being sold to adjacent property owner |
| 839 Blunston Street |  | X | X | X | | CDBG | Private | X | X | |
| 551 Avenue H |  | X | X | | | Local | | | | Under rehabilitation. |
| 494 Manor Street |  | X | X | X | | CDBG | Private | X | X | |
| 237-239 S. Fifth Street |  | X | X | | | PHARE | PHARE | | | Demolished - Backfilled and seeded, grass currently growing. Awaiting next year's Habitat project |
| 233 S. Fifth Street |  | X | X | | | PHARE | PHARE | | | Holding for later phase of Fifth Street project |
| 149 S 5th Street |  | X | X | X | | PHARE | PHARE | | X | |
| 324 Union Street |  | X | X | X | | CDBG | Private | X | X | |
| 921 Spruce Street |  | X | X | | | PHARE | Private | | | Under Rehabilitation |
| 243 + 245 S. 5th Street |  | X | | | | PHARE | PHARE | | | Demolished - Backfilled and seeded, grass currently growing. Awaiting next year's Habitat project |
| 156 South 5th Street |  | X | X | | | PHARE | PHARE | | | Acquired, working on acquiring adjacent property for project |
| 154 South 5th Street |  | X | | | | PHARE | PHARE | | | Currently working with property owner for acquisition |

Sharon Cino

From: Sean Krumpe <skrumpe@lchra.com>
Sent: Wednesday, September 21, 2022 10:31 AM
To: Heather Zink; Kathleen Hohenadel; Mark Stivers; Sharon Cino; Leo Lutz; Charles Leader; Eric Kauffman; Sharon Lintner
Cc: Michaela E Allwine
Subject: Community Meeting with Habitat for Humanity

Good morning Columbia Land Bank Committee,

I am reaching out to let everyone know that the Land Bank Authority and Habitat for Humanity will be holding a community event at the site of the South Fifth Street Project (239 and 245 S. 5th) on October 19th from 4pm to 6pm. During the event, we will simply stand at the project site with updated project plans and answer any questions community members might have about the project. Anyone from this Committee, Borough Council, and the School Board are encouraged to come by.

Additionally, I had a couple questions and requests. Could someone from Borough Council and School Board please send over a high-quality image of their logos? We are hoping to put up a pressure treaded wood sign with a banner at the project site to describe how the area will be used. Also, I can certainly look into the zoning ordinance, but in case anyone knows off hand, what approvals, if any, must be obtained to put this kind of temporary signage at the site?

Thank you everyone, and please let me know if you have any questions.

Sean Krumpe
Acquisition and Rehabilitation Program Coordinator



Phone: 717.394.0793 x 232

Email: skrumpe@lchra.com

28 Penn Square, Suite 200 | Lancaster, PA 17603

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.