

Submit 3 Full Sets of whole application.

\$1500
(Due at drop-off)

CONDITIONAL USE APPLICATION
EAST FALLOWFIELD TOWNSHIP
2264 STRASBURG ROAD
EAST FALLOWFIELD, PA 19320
610-384-7144
(f) 610-384-7143

RECEIVED
MAY 12 2008

BY: Denise Miller
uncomplete

NAME OF APPLICANTS: Denise Mosley

ADDRESS: 212 John Stevens Dr. E. Fallowfield

TELEPHONE: [redacted]

TAX PARCEL NUMBER: 26-3601652

SIZE OF ENTIRE TRACT: 15417 Sq Ft

LOCATION OF PARCEL: 212 John Stevens Dr. E. Fallowfield

ZONING DISTRICT: R-1

LEGAL OWNER OF PARCEL: Donald and Denise Mosley

PROPOSED USE OF PARCEL: Daycare (Family Child Care Home)

NAME AND ADDRESS OF ALL PROPERTY OWNERS ON THE SAME STREET WITHIN FIVE HUNDRED (500) FEET OF THE PARCEL AND OWNERS NOT ON THE SAME STREET WITHIN TWO HUNDRED (200) FEET OF THE PARCEL.

<u>V Wilson</u>	<u>210 John Stevens Dr.</u>	<u>E. Fallowfield PA 19320</u>
<u>Mary Haag</u>	<u>214 John Stevens Dr.</u>	<u>E. Fallowfield PA 19320</u>
<u>Victor Colon</u>	<u>308 Trestle Ln.</u>	<u>E. Fallowfield PA 19320</u>

(continue on additional sheets as necessary)

THE EAST FALLOWFIELD ZONING ORDINANCE, ARTICLE 1700, SECTION 1702A, CONDITIONAL USE, GENERAL STANDARDS AND CRITERIA REQUIRES A NARRATIVE REPORT WHICH MUST PROVIDE DOCUMENTATION ADDRESSING THE TWENTY (20) ITEMS LISTED IN THIS SECTION.


THIS FORM, PROPERLY COMPLETED, WITH ACCOMPANYING DOCUMENTATION AND PLOT PLANS (SEE ZONING OFFICER FOR DETAILS) AND A CHECK, PAYABLE TO EAST FALLOWFIELD TOWNSHIP IN THE AMOUNT OF \$1,500.00 SHALL BE PRESENTED TO THE ZONING OFFICER FOR PROCESSING. ANY HEARING WHICH IS CONTINUED FOLLOWING THE INTIAL HEARING SHALL REQUIRE AN ADDITIONAL ESCROW DEPOSIT OF \$500.00 PRIOR TO THE OPENING OF THE CONTINUED HEARING.

DONALD B MOSLEY
DENISE R MOSLEY
 212 JOHN STEVENS DRIVE
 E FALLOWFIELD, PA 18320

2170

80-8220/2313
01

Pay to the Order of East Fallowfield Township Date 5/12/09
Fifteen Hundred / 100 Dollars \$ 1500.00



For Conditional Use App Denise R. Mosley

RECEIPT

DATE 5/12/09 No. 023103
 RECEIVED FROM Conditional Use \$ 1,500.00
Appreciation Day Care DOLLARS
 FOR RENT
 FOR 212 John Stevens
 FROM Denise Mosley TO _____
 BY Denise Miller
 ACCOUNT _____
 PAYMENT 2170
 BAL. DUE _____

CASH
 MONEY ORDER
 CHECK
 CREDIT CARD

1182

CONDITIONAL USE APPLICATION (CONT'D)

I, (we) the undersigned, do hereby submit this application for Conditional Use affecting property under my (our) ownership or the ownership of my (our) assigns or predecessors, in East Fallowfield Township.

Denise G. Mosley 5/12/09
Applicant (1) Signature Date

Denise R. Mosley
Printed Name as Signed Above

Applicant (2) Signature Date

Printed Name as Signed Above

Notary Signature and Seal

FOR OFFICIAL USE ONLY
DATE RECEIVED: 5/12/09 RECEIVED BY: Denise Miller

CLOCK DATE: _____

AMOUNT OF PAYMENT RECEIVED: \$1,500 CHECK#: 21700 CASH _____
OTHER _____

DATE GRANTED: _____ DATE DENIED: _____

REASON FOR DENIAL:

Chester County Planning Commission

TO BE COMPLETED BY THE MUNICIPALITY

Subject: Request for review of a subdivision, land development proposal, or ordinances pursuant to the Pennsylvania Municipalities Planning Code, Act 247. This application must be completed by the applicant, and submitted by the municipality to the above address, along with one (1) complete set of plans and accompanying documents and the required fee for review (see reverse side)

From: (Municipality) East Fallersfield Twp
 Date: _____
 Official's Name: Denise Miller
 Position: Secretary
 Official's signature: Denise Miller

Applications with **ORIGINAL** signatures must be submitted to CCPC.

TO BE COMPLETED BY THE APPLICANT

Development name (if applicable): Denise Moley Location: _____
 Owner's name: _____ Phone #: _____
 Owner's address: 212 John Stevens Drive
 Applicant's name: _____ Phone #: _____
 Applicant's address: _____
 Architect/Engineer/Surveyor name: _____ Phone #: _____

<p>TYPE OF REVIEW REQUESTED (Check all appropriate boxes)</p> <p><input type="checkbox"/> Unofficial sketch plan (no fee) <input type="checkbox"/> Subdivision plan <input type="checkbox"/> Land development plan <input type="checkbox"/> Planned residential development <input type="checkbox"/> Zoning ordinance (no fee) <input type="checkbox"/> Curative amendment (no fee) <input type="checkbox"/> Subdivision ordinance (no fee) <input type="checkbox"/> Comprehensive plan (no fee) <input type="checkbox"/> Other</p>	<p>REVIEW FEE (Fee schedule on other side)</p> <p><input type="checkbox"/> Attached \$ _____ <input type="checkbox"/> Not applicable</p> <p>TYPE OF PLAN</p> <p><input type="checkbox"/> Unofficial sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final</p>	<p>TYPE OF SUBMISSION</p> <p><input type="checkbox"/> New proposal <input type="checkbox"/> Revision to a prior proposal <input type="checkbox"/> Phase of a prior proposal <input type="checkbox"/> Amendment/Revision to recorded plan is a new proposal</p> <p>Tax parcel(s): # _____ # _____ # _____</p> <p>Total area (gross acres): _____</p>
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<p>PLAN INFORMATION</p> <p>Length of new roads: _____ Number of new parking spaces: _____ Ownership of roads: <input type="checkbox"/> Public <input type="checkbox"/> Private On-site space: <input type="checkbox"/> Public <input type="checkbox"/> Private Acres: _____ Acres: _____ A responsible for common facilities/areas: <input type="checkbox"/> Yes <input type="checkbox"/> No All documents provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic study included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not conducted</p>	<table border="1"> <thead> <tr> <th>LAND USE</th> <th>Number of lots/units</th> </tr> </thead> <tbody> <tr><td>Agriculture</td><td></td></tr> <tr><td>Single family</td><td></td></tr> <tr><td>Townhouses</td><td></td></tr> <tr><td>Twin units</td><td></td></tr> <tr><td>Apartments</td><td></td></tr> <tr><td>Mobile homes</td><td></td></tr> <tr><td>* Commercial</td><td></td></tr> <tr><td>* Industrial</td><td></td></tr> <tr><td>* Institutional</td><td></td></tr> <tr><td>Other</td><td></td></tr> </tbody> </table>	LAND USE	Number of lots/units	Agriculture		Single family		Townhouses		Twin units		Apartments		Mobile homes		* Commercial		* Industrial		* Institutional		Other		<p>ZONING DISTRICT OF PROPOSAL</p> <p>Existing: _____ Proposed: _____ Variances/Special exception granted: _____</p> <p><i>NO CHANGES</i></p>	<p>PROPOSED UTILITIES (Check appropriate boxes)</p> <table border="0"> <tr> <td></td> <td>Water</td> <td>Sewer</td> </tr> <tr> <td>Public</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>On-site</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Package</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>No new sewage disposal or water supply proposed <input type="checkbox"/></p>		Water	Sewer	Public	<input type="checkbox"/>	<input type="checkbox"/>	On-site	<input type="checkbox"/>	<input type="checkbox"/>	Package	<input type="checkbox"/>	<input type="checkbox"/>
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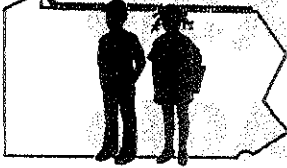
ADDITIONAL INFORMATION (This plan has been submitted to):

<input type="checkbox"/> County Health Department	Date _____
<input type="checkbox"/> PennDOT	Date _____
<input type="checkbox"/> DEP	Date _____
<input type="checkbox"/> Other	Date _____

THE TERM "LOTS"

The term "lots" includes conveyance, tracts or parcels of land for the purpose, whether immediate or future, of lease, transfer of ownership or building or development, as well as...

24 HRS.
A DAY **ChildLine**
FOR THE KIDS OF PA!



PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

DENISE R MOSLEY
212 JOHN STEVENS DR
EAST FALLOWFIELD PA 19320

VERIFICATION DATE: 09/16/2008

SOCIAL SECURITY #:

The above named person has applied for a Pennsylvania Child Abuse History Clearance pursuant to Chapter 63 of 23 Pa. Consolidated Statutes Annotated relating to the Child Protective Services Law. NO RECORD EXISTS in the Pennsylvania Department of Public Welfare's statewide Central Registry listing the applicant as a perpetrator of an Indicated or Founded report of child abuse or an Indicated or Founded report for school employees.

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history clearance on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.



ISSUED BY: Commonwealth of Pennsylvania
Department of Public Welfare
CHILDLINE AND ABUSE REGISTRY
ChildLine Verification Unit
P.O. Box 8170
Harrisburg, PA 17105-8170
(717) 783-6211

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

**DENISE MOSLEY
212 JOHN STEVENS DR
E FALLOWFIELD PA 19320**

TELEPHONE

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

**Name: MOSLEY, DENISE ROBYN
Date of Birth: 11/30/1976
Social Security #: [REDACTED]
Sex: [REDACTED]
Race: White
Date of Request: 8/29/2008 12:00:00AM
Purpose of Request: Child Care**

**Maiden Name and/or Alias (1) DIEHL, DENISE (2)
(3) (4)**

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL # M0213742*****

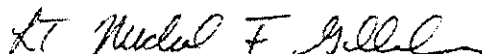
THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

COMPARISON MADE WITH FINGERPRINTS

THIS INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<http://epatch.state.pa.us/PATCH/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PSP HELP DESK AT TELEPHONE NUMBER 1-877-777-3375 FOR INSTATE CALLS OR 1-717-506-3262 OUT OF STATE CALLS.

CERTIFIED BY:



**LIEUTENANT MICHAEL F. Gillelan
DIRECTOR, CRIMINAL RECORDS AND IDENTIFICATION DIVISION
PENNSYLVANIA STATE POLICE**

DISSEMINATED BY: 466550

09/08/2008

ASHI-APPROVED CERTIFICATION CARD

Charlene F. Pluck

Authorized Instructor (Print Name)

Holder's Signature

Apr-08

Apr-10

Date Completed

Renewal Date

610-857-5139

Training Center Phone No.

Training Center Note

Card holder has met required knowledge and skill objectives of the curriculum to the satisfaction of an ASHI-authorized instructor. Certification does not guarantee future performance, or imply state licensure or credentialing. Program content is based upon American Heart Association® Inc. Guidelines for CPR and ECC (Circulation 8/2005) and other evidence-based treatment recommendations. Rate this program online at www.ashinstitute.org or call (800) 246-5101.

CPR and AED

For the Community and Workplace

2005
Science & Guidelines

DENISE MOSLEY

has successfully completed and competently performed the required knowledge and skill objectives of a course in:

Adult CPR AED Child CPR AED Infant CPR

(Knowledge and skill not assessed if crossed out above)



American Safety & Health Institute

An association of professional safety and health educators

Basic Life Support
For Lay Rescuers

ASHI-APPROVED CERTIFICATION CARD

Charlene F. Pluck

Authorized Instructor (Print Name)

Holder's Signature

Apr-08

Apr-11

Date Completed

Renewal Date

610-857-5189

Training Center Phone No.

Training Center Note

Card holder has met required knowledge and skill objectives of the curriculum to the satisfaction of an ASHI-authorized instructor. Certification does not guarantee future performance, or imply state licensure or credentialing. Program content is based upon recommendations of the 2005 National First Aid Science Advisory Board (Circulation 8/2005) and other evidence-based treatment recommendations. Rate this program online at www.ashinstitute.org or call (800) 246-5101.

Basic First Aid

For First Aid Providers
in the Community and Workplace

2005
Science & Guidelines

DENISE MOSLEY

has successfully completed and competently performed the required knowledge and skill objectives of a course in:

Universal First Aid

(Knowledge and skill not assessed if crossed out above)



American Safety & Health Institute

An association of professional safety and health educators

Basic First Aid
for the Community and Workplace

CHILD DAY CARE CENTERS • GROUP DAY CARE HOMES • FAMILY DAY CARE HOMES

NAME OF PERSON EXAMINED
Denise R. Mosley

DID YOU CONDUCT A PHYSICAL EXAMINATION? YES NO
(The physical examination should include a functional assessment of vision, hearing, and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury related to lifting, frequent hand washing, the stress of caring for groups of children, driving vehicles, food preparation, facility maintenance and exposure to the common infections of childhood.)

DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES NO
(If yes, attach separate sheets to describe the condition and the risk it might pose to others exposed to this individual.)

PLEASE LIST ANY INFORMATION REGARDING THIS INDIVIDUAL'S MEDICAL CONDITION THAT MIGHT THREATEN THE HEALTH OF CHILDREN OR PROHIBIT THE INDIVIDUAL FROM PROVIDING ADEQUATE CARE TO CHILDREN.

IN YOUR ASSESSMENT, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? YES NO
(If "no," please explain your answer on a separate sheet.)

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX METHOD

DATE TEST APPLIED: *11/10/08* DATE TEST READ: *11/12/08*

PHYSICIAN'S INTERPRETATION OF TUBERCULIN TEST RESULTS: POSITIVE NEGATIVE
DATE INTERPRETATION MADE: *11/12/08*

IF SKIN TEST POSITIVE:
REPORT OF CHEST X-RAY (Attach a copy of the report.) DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? YES NO

11/12/08 DATE *[Signature]* SIGNATURE MD/DO CRNP
Inez Stolte PRINTED NAME *610-383-6300* TELEPHONE NUMBER
200 Municipal Drive, Thornokley, PA 19372 ADDRESS

Cogent Systems
Proof of Fingerprint Submission

Pennsylvania Department of Public Welfare
Applicant Processing Service

.....
Registration ID:

TCN:

Last Name: MOSLEY

First Name: DENISE

.....
**Transaction Type: CHILD CARE/SCHOOL
EMPLOYEE**

.....
Registration Date: 05/11/2009

Fingerprint Site:

Fingerprint Date:

Payment Type: Money Order

Transaction Status: Registered

Printing Date: 05/19/2009

[Print Receipt](#) [Home](#)



BRINTON STATION HOMEOWNER'S ASSOC.
PO Box 72567
Thorndale, PA 19372

Tony Milano, President
Dave Johnson, Vice President
Hindi Kranzel, Treasurer

October 1, 2008

Ms. Denise Mosley
212 John Stevens Drive
East Fallowfield, PA 19320

Ms. Mosley,

Thank you for taking the time recently to outline your plans of operating a licensed childcare business in your home. The Brinton Station HOA has no objection to this provided that you remain in compliance with applicable laws and regulations for operating this type of business. Our best wishes to you as you embark on this endeavor. Please let us know if there is anything you need from us in the future.

Yours truly,

Anthony V. Milano
President, Brinton Station HOA

May, 18, 2009

To the Council of East Fallowfield Township:

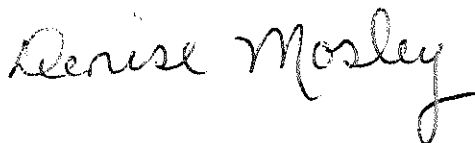
I, Denise Mosley, am requesting approval from East Fallowfield Township to operate a Family Child Care Home business within my home. My regulations are as follows:

- I will operate my child care business between the hours of 7am-5pm.
- I will have a maximum of 6 children (not related to me) in my care at one given time and will adhere to the ratio standards set by The State of Pennsylvania's Department of Welfare.
- I have 4 off-street parking spaces which will be provided for drop-off/pick-up of the children. (see photos)
- My outdoor play area is fenced on all sides and is at least 4 ft high. (see photos)
- I will provide lunch, am & pm snacks & all drinks for the children in my care.

Please review my request, all documentation and photos for consideration.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Denise Mosley". The signature is written in black ink and is positioned above the printed name.

Denise Mosley