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APPLICATION FOR REVIEW OF SUBDIVISION OR LAND DEVELOPMENT

I/We do hereby request the officials of West Norriton Township to review the subdivision or land development herein defined in accordance with Act 247 (as amended), the Municipalities Planning Code and the Subdivision and Land Development Ordinance of West Norriton Township.

Development Name: Southeast Psychiatric Treatment Center at Norristown State Hospital

William Bogari, Jr. - Chief Operating Officer (COO)

Name of Applicant: Norristown State Hospital

Applicant's Address: 1001 Sterigere Street, Norristown, PA 19401-5397

Applicant's Telephone No. (during business hours): 484-357-8622 Email: wbogari@pa.gov

Type of Review Requested: Subdivision Plan \_\_\_\_\_ Land Development Plan X

Type of Submission: New Proposal X Revision to Prior Proposal \_\_\_\_\_

Does the proposed subdivision or land development meet the requirements of the Zoning District in which it is located: Yes X No \_\_\_\_\_

Additional Comments:

Applicant's Civil Engineer: Hunt Engineering Company  
Ken Filson, PE 610-888-4698  
kfilson@huntengineering.com

**Kenneth Filson**  
Digitally signed by Kenneth Filson  
DN: cn=US, email=kfilson@huntengineering.com,  
ou=Hunt Engineering, cn=Kenneth Filson  
Reason: I agree to the terms defined by the  
placement of my signature on this document  
Date: 2024.07.09 08:25:01 -0400

William Bogari, Jr.  
COO Norristown State Hospital

Applicant's Signature  
Signing as applicant's engineer

Printed Name of Applicant

Your interest in the Subdivision or Land Development: Ken Filson, PE - Civil Engineer  
Hunt Engineering Co.

Your Address: 101 Lindenwood Dr. Suite 125, Malvern, PA 19355

Note: Fees imposed by the Township for review of the Subdivision or Land Development Plans are established by resolution.

# Applicant Request for County Review

This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.



Date: July 17, 2024  
 Municipality: W. Norriton Twp.  
 Southeast Psychiatric Treatment Center at Norristown  
 Proposal Name: State Hospital  
 Applicant Name: William Bogari  
 Address: 1001 Sterigere Street  
 City/State/Zip: Norristown, PA 19401-5397  
 Phone: 484-357-8622  
 Email: wbogari@pa.gov

Applicant's Representative: Kenneth Filson, PE  
 Address: Hunt Engineering Company  
101 Lindenwood Dr., Suite 125  
 City/State/Zip: Malvern, PA 19355  
 Business Phone (required): 610-888-4698  
 Business Email (required): kfilson@huntengineering.com

## Type of Review Requested:

*(Check All Appropriate Boxes)*

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan
- Conditional Use
- Special Review\*

*\* (Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

## Type of Plan:

## Type of Submission:

- Tentative (Sketch)
- Preliminary / Final
- New Proposal
- Resubmission\*

*\* A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

Zoning: R-A, State Institutional  
Overlay District

Existing District: \_\_\_\_\_  
 Special Exception Granted  Yes  No n/a  
 Variance Granted  Yes  No For n/a

## Plan Information:

Tax Parcel Number(s) 63-00-07981-00-2

Location (address or frontage) 1001 Sterigere Street  
 Nearest Cross Street Pine St.  
 Total Tract Area 120.116 Ac. (65.769 in WNT)  
 Total Tract Area Impacted By Development 34 Ac.

*(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)*

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional	0				n/a	480,000
Other						

*\*Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information: \_\_\_\_\_