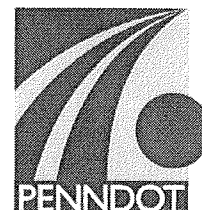


M-945S (3-04)  
PENNDOT



**SUPPLEMENTAL  
HIGHWAY OCCUPANCY PERMIT**

**ORIGINAL PERMIT NO. 06072570  
SUPPLEMENTAL PERMIT NO. 06072570-1**

THE ORIGINAL PERMIT, BEARING NUMBER SHOWN ON THIS SUPPLEMENT, WAS ISSUED TO:

**PERMITTEE: Culbertson Realty Assoc., L.P.**

**ADDRESS: 1595 Paoli Pike**

**CITY/STATE/ZIP: West Chester, PA 19380**

THE ORIGINAL PERMIT IS HEREBY AMENDED OR REVISED BY THIS SUPPLEMENTAL PERMIT AS FOLLOWS:  
Extend permit #06072570 for one year from 7/8/10 to 7/8/11.  
Supplemental permit #06072570-1

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**COMMONWEALTH OF PENNSYLVANIA**

UNDER AND SUBJECT TO ALL THE MINIMUM CONDITIONS, RESTRICTIONS AND REGULATIONS PRESCRIBED BY THE PA DEPARTMENT OF TRANSPORTATION (SEE IN PARTICULAR 67 PA CODE, CHAPTERS 441 AND 459) AND ON THE ORIGINAL PERMIT, FORM M-945P. THIS SUPPLEMENT IS NOT VALID UNTIL SIGNED BY THE DISTRICT PERMIT MANAGER.

**For Secretary of Transportation  
ALLEN D. BIEHLER, P.E.**

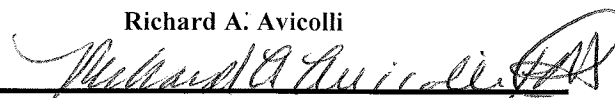
**By District Executive**

**ORGANIZATION: 0602**

**ISSUE DATE: 7/28/10**

**SUPPLEMENT FEES: \$20.00**

**Richard A. Avicelli**

  
**DISTRICT PERMIT MANAGER**

THIS SUPPLEMENTAL PERMIT IS VALID ONLY WHEN IT IS ATTACHED TO THE ORIGINAL PERMIT.

PERMITTEE  DISTRICT  COUNTY  OPTIONAL  RECORDING  INSPECTOR

# APPLICATION FOR HIGHWAY OCCUPANCY PERMIT 315885

## INSTRUCTIONS ON REVERSE

ENGINEERING DISTRICT 6-D

Applicant/Owner <u>CULBERTSON REALTY ASSOCIATES, L.P.</u>	
Address <u>1595 PAOLI PIKE P.O. BOX 1906</u>	
Post Office <u>WEST CHESTER</u>	Zip Code <u>19380</u>
Phone <u>610-840-2085</u>	

	Application	Inspection 1	Inspection 2	Inspection 3
441/459 Ref. No.	<u>441.462</u>			
Unit Fee	<del>          </del>			
Number of Units	<u>1</u>			
Item Fee	<u>20.00</u>			
Permit Fee \$		<u>20.00</u>		
Account No. _____				
Check or Money Order No. <u>043656</u>				

County CHESTER

Township/Boro WEST BRADYVILLE

Date work is scheduled to begin 07/10

Approximate date when work will be completed 07/11

If utility: Opening over 36 ft<sup>2</sup> along and/or across highway \_\_\_\_\_ FT. \_\_\_\_\_ FT. \_\_\_\_\_ FT.  
(IN PAVEMENT) (IN SHOULDER) (OUTSIDE SHOULDER)

If utility:  Installation  Emergency Repair - E.P.C. No. \_\_\_\_\_ Entry No. \_\_\_\_\_  Repair  Replace  Service Connection or Disconnection  Removal

If driveway: Anticipated average daily traffic: ADT cars \_\_\_\_\_ ADT trucks \_\_\_\_\_ ADT buses \_\_\_\_\_ TOTAL ADT \_\_\_\_\_

Is any portion of the property reserved for a person with a disability or a severely disabled veteran?  Yes  No

**STATE ROUTE LOCATION DESCRIPTION OF PROPOSED WORK**

S.R.	<u>EXHIBIT FORM 30607 2570 FOR A PERMITS</u>	DEPARTMENT USE ONLY
Segment	<u>OF TWELVE (12) MONTHS.</u>	
Offset(s)		
S.R.		
Segment		
Offset(s)		
S.R.		
Segment		
Offset(s)		
S.R.		

PRINT NAME OF APPLICANT'S CONSULTANT(S) TRAFK Planning & Design, Inc. PHONE 610 326 3800

PRINT CONTACT PERSON'S NAME JEFFREY S. TODD, P.E. PHONE: 610 716 3100

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation (see in particular 67 PA Code, Chapters 203/212, 441 and 459, and PUBs 212 and 213) and on the issued Permit, Form M-945P, and attachments thereto. The applicant certifies that this application, information and documentation therein or required by the Department is accurate, pursuant to 18 PA C.S. §4904 relating to false swearing to authorities, and that it has or will have all insurance and other security required by the Department prior to performing any work authorized by the Permit.

The Applicant is (an individual) (a partnership) (a corporation incorporated under the laws of Pennsylvania)

DATE SIGNED: 07/14/10 PRINT APPLICANT'S NAME MITCH KOTLER

WITNESS OR ATTEST [Signature] SIGNED BY [Signature]

TITLE OF SIGNATORY Director of Construction TITLE OF SIGNATORY VICE PRESIDENT

Plans are Satisfactory?  YES  NO (Returned on \_\_\_\_\_)

Traffic Control Plan consistent with PUBs 212 and 213, and Chapter 203/212  YES  NO (Returned on \_\_\_\_\_)

Driveway Classification(s) \_\_\_\_\_ MU \_\_\_\_\_ LV \_\_\_\_\_ MV \_\_\_\_\_ HV

M-930  was  was not used.

Limited Access Highway  is  is not involved.

Continuous Inspection  is  is not planned.

Drainage Problem  is  is not anticipated.

Permit  will  will not be recorded.

On-Site Review by [Signature] 7-19-10 (DATE)

DEPARTMENT USE ONLY



# HIGHWAY OCCUPANCY PERMIT

06072570

ISSUED

PERMIT FEES

ACCOUNT NO.

COUNTY

TOWNSHIP/BORO

DESCRIPTION

STATE ROUTE NO.

SEGMENT(S)

OFFSET TO OFFSET

DESCRIPTION

STATE ROUTE NO.

SEGMENT(S)

OFFSET TO OFFSET

DESCRIPTION

STATE ROUTE NO.

SEGMENT(S)

OFFSET TO OFFSET

TOWNSHIP/BORO

DESCRIPTION

STATE ROUTE NO.

SEGMENT(S)

OFFSET TO OFFSET

062

070809

170.00

15

244

552

0322

0180 0180

1447 1447

552

0322

0190 0190

1285 1285

552

0322

0030 0030

2534 2534

244

552

0322

0180 0180

1892 1892

PERMITTEE  
COLBERSON REALTY ASSOC. L.P.

ADDRESS  
1595 PAOLI PK. P.O. BOX 1906

POST OFFICE  
WEST CHESTER PA ZIP CODE  
19380

CHESTER

COUNTY

TOWNSHIP/BORO  
WEST BRANDYWINE

BOND/AGREEMENT NUMBER

ALL WORK UNDER THIS PERMIT MAY BE STARTED ON 07/08/09

AND SHALL BE COMPLETED ON OR BEFORE 07/08/10

Immediately upon completion of the work, Permittee shall notify the permit office where application was made. Subject to all the conditions, restrictions, and regulations prescribed by the Pennsylvania Department of Transportation, (see in particular 67 Pa. Code, Chapter 203/212, 441 and 459) and subject to the plans, special conditions, or restrictions herein set forth or attached hereto. This permit shall be located at the work site and shall be available for inspection by any police officer or department representative.

### DESCRIPTION OF WORK

INSTALL LOCAL ROAD WITH DRAINAGE FACILITIES AT SR 0322 SEG 0180 OFFSET 1447 TO SEG 0180 OFFSET 1447  
INSTALL LOCAL ROAD WITH DRAINAGE FACILITIES AT SR 0322 SEG 0190 OFFSET 1285 TO SEG 0190 OFFSET 1285  
INSTALL LOW VOLUME DRIVEWAY WITH DRAINAGE FACILITIES AT SR 4011 SEG 0030 OFFSET 2534 TO SEG 0030 OFFSET 2534  
INSTALL LOW VOLUME DRIVEWAY AT SR 0322 SEG 0180 OFFSET 1892 TO SEG 0180 OFFSET 1892  
1)INSTALL ONE(1) FULL ACCESS LOW VOLUME DRIVEWAY WITH ALL WIDENING ASSOCIATED WITH THE ACCESS CONSTRUCTION.  
2)INSTALL ONE(1)FULL ACCESS LOW VOLUME DRIVEWAY AND ALL WIDENING ASSOCIATED W/THE ACCESS CONSTRUCTION (CON'T)  
RESTORATION SECURITY SHALL BE SUBMITTED TO THE DEPARTMENT AT LEAST 30 DAYS PRIOR TO START OF WORK. NO WORK MAY BE PERFORMED UNTIL SECURITY IS APPROVED.  
AN INSPECTOR, WHEN AVAILABLE, WILL BE ASSIGNED ON MORE THAN A SPOT INSPECTION BASIS. PERMITTEE WILL BE CHARGED ALL INSPECTION COSTS INCURRED BY THE DEPARTMENT. (EGH)  
PERMITTEE IS RESPONSIBLE FOR ENSURING THAT MUD, SLIT AND OTHER DEBRIS IS REMOVED FROM VEHICLES AND TIRES (BY POWER WASH ETC.) BEFORE ENTERING ONTO THE HIGHWAY. NO LANES MAY BE RESTRICTED B/W THE 4:30/6AM TO 8AM OR B/W THE 4:30/3PM TO 6PM. DEPARTMENT MUST BE NOTIFIED IN WRITING 2 WKS. IN ADVANCE OF PRE-CONSTRUCTION MEETING.

THIS PERMIT IS NOT VALID UNTIL SIGNED BY THE DISTRICT ENGINEER OR HIS AUTHORIZED REPRESENTATIVE

### Acknowledgement of Completion

Permitted work has been completed.

Date \_\_\_\_\_ By \_\_\_\_\_

ALLEN D. BIEWER, P.E.

Secretary of Transportation

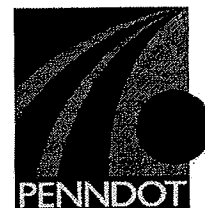
LESTER ROSSO, P.E., DE

District Executive

PERMITTEE

M-945-S (3-04)

CONTINUATION OF PERMIT #06072570, DTD.,  
07/08/09



**SUPPLEMENTAL  
HIGHWAY OCCUPANCY PERMIT  
ORIGINAL PERMIT:06072570  
SUPPLEMENTAL PERMIT NO.:**

THE ORIGINAL PERMIT, BEARING NUMBER SHOWN ON THIS SUPPLEMENT, WAS ISSUED TO:  
NAME: CULBERTSON REALTY ASSOC., L.P.  
ADDRESS: 1595 PAOLI PK., P.O. BOX 1906  
STATE/ZIP: WEST CHESTER, PA 19380

ORIGINAL PERMIT IS HEREBY AMENDED OR REVISED BY THIS SUPPLEMENTAL PERMIT AS FOLLOWS:

(CON'T)\*\*

3) INSTALL ONE (A) FULL ACCESS LOW VOLUME DRIVEWAY AND ALL WIDENING ASSOCIATED WITH THE ACCESS CONSTRUCTION.

4) INSTALL ONE (1) RIGHT-IN/RIGHT-OUT LOW VOLUME DRIVEWAY.

WORK ZONE TRAFFIC CONTROL AS PER PUB. 203. ALL CONSTRUCTION AS PER PUB. 408.

CONTACT COUNTY PERMIT INSPECTOR AT LEAST 3 WORK DAYS PRIOR TO START OF WORK @484-340-3220. ACCESS SIGNING AND PAVEMENT MARKINGS MUST BE MAINTAINED BY PERMITTEE. THIS PERMIT SHALL, PRIOR TO ISSUANCE, BE RECORDED IN THE COUNTY RECORDER OF DEEDS OFFICE. DRAINAGE INSTALLED BY THIS PERMIT IS THE RESPONSIBILITY OF THE PERMITTEE TO CONTINUALLY MAINTAINED OR REPLACE. CONTRACTOR MUST NOTIFY THE PENNDOT PRESS OFFICE AT 610-205-6797 A MINIMUM OF FOUR WORKING DAYS PRIOR TO THE CLOSING OF TRAVEL LANE(S) ONLY.

**COMMONWEALTH OF PENNSYLVANIA**

UNDER AND SUBJECT TO ALL THE MIMUM CONDITIONS, RESTRICTIONS AND REGULATIONS PRESCRIBED BY THE PA DEPARTMENT OF TRANSPORTATION (SEE IN PARTICULAR 67 PA CODE, CHAPTERS 441 AND 459) AND ON THE ORIGINAL PERMIT, FORM M-945P. THIS SUPPLEMENT IS NOT VALID UNTIL SIGNED BY THE DISTRICT PERMIT MANAGER.

For Secretary of Transportation

ALLEN D. BIEHLER, P.E.

By District Executive

LESTER TOASO, P.E.DE

ORGANIZATION: 062  
ISSUE DATE: 07/08/09  
SUPPLEMENT FEES: N/A

*Richard Avicelli*  
RICHARD AVICOLLI  
DISTRICT PERMIT MANAGER

THIS SUPPLEMENTAL PERMIT IS VALID ONLY WHEN IT IS ATTACHED TO THE ORIGINAL PERMIT.

PERMITTEE  DISTRICT  COUNTY  OPTIONAL  RECORDING  INSPECTOR