



18072 Davidson Drive  
Milton, DE 19968  
T: 302-684-8030  
F: 302-684-8054

[www.pennoni.com](http://www.pennoni.com)

## NOTICE OF APPLICATION

**TO:** Adjacent Property Owners to old Lewes Dairy, Pilottown Road  
**FROM:** Pennoni Associates, Inc.  
**RE:** Major Subdivision Application - Lewes Code Section 170-19.A(5) Notice

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### Major Subdivision Application – Roosevelt Landing:

**Tax Parcel Numbers:** 335-4.14-111.00  
335-4.14-110.00

**Applicant:** RJL Associates, Inc.  
35246 Harry Byrd Highway, Suite 200  
Round Hill, VA 20141

**Owner:** RJL Associates, Inc.  
35246 Harry Byrd Highway, Suite 200  
Round Hill, VA 20141

**Zoning District** R-2 (Residential Low Density)

**Relation to Growth Zone:** Level 2 for State Policies & Spending

**School District:** Cape Henlopen

**Fire District:** 82, Lewes Fire District

**Area and Location:** Old Lewes Dairy site and adjacent property on Pilottown Road.

### Application Summary:

The City of Lewes requires certified notification of the adjacent properties within 100 feet of the subject property when submitting a Major Subdivision application. The proposed subdivision, Roosevelt Landing, will require demolition of the existing structures, construction of a new stub street, and delineation of new residential lots.

Upon receipt of the complete application, the Planning Commission reviews the application for Preliminary Consent and holds a Public Hearing. If approved, the Applicant then submits to the City of Lewes per Section 170-20 requirements where the Planning Commission provides recommendations to Mayor and City Council. A public hearing is then scheduled and announced by the City.

A map of the subject area is provided below.



Pennoni Associates, Inc.  
18072 Davidson Drive  
Milton, DE 19968

7018 0680 0000 8295 4411

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Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.58
Total Postage and Fees	\$7.38

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 St. Peters church, Episcopal  
 Street and Apt. No., or PO Box No.  
 200 2nd Street  
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 Lewes, DE 19958

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<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.58
Total Postage and Fees	\$7.38

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Sent To  
 William E + Patti D Zimmerman  
 Street and Apt. No., or PO Box No.  
 632 Pilottown Road  
 City, State, ZIP+4®  
 Lewes, DE 19958

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Rehoboth Beach, DE 19971

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Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.58
Total Postage and Fees	\$7.38

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Sent To  
 Andrew S Malinowski, Trustee  
 Street and Apt. No., or PO Box No.  
 203 W Side Drive  
 City, State, ZIP+4®  
 Rehoboth Beach DE 19971

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Lewes, DE 19958

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Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.58
Total Postage and Fees	\$7.38

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 MWM Investments LLC  
 Street and Apt. No., or PO Box No.  
 3 Brittany Lane  
 City, State, ZIP+4®  
 Lewes, DE 19958

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Newark, DE 19716

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Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.58
Total Postage and Fees	\$7.38

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 University of Delaware  
 Street and Apt. No., or PO Box No.  
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 City, State, ZIP+4®  
 Newark, DE 19716


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 9590 9402 6362 0296 2345 75		<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Article Number (Transfer from service label)</p> <p>7018 0680 0000 8295 4442</p>		<p>Restricted Delivery</p>	
Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Andrew S Malinowski Trustee 203 W. Side Drive Rehoboth Beach, DE 19971</p>		<p>A. Signature X <i>Andrew S. Malinowski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery ANDREW S. MALINOWSKI</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>	
 9590 9402 6362 0296 2345 99		<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0680 0000 8295 4428</p>		<p>Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>University of Delaware 20 HULLIHEN HALL NEWARK, DE 19716</p>		<p>A. Signature X <i>Kristen Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery Kristen Garcia 11/9/21</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>	
 9590 9402 4021 8079 8285 86		<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Article Number (Transfer from service label)</p> <p>7018 0680 0000 8295 4435</p>		<p>Restricted Delivery</p>	
Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>MMW Investments LLC 3 BRITANNY LANE LEWES, DE 19958</p>		<p>A. Signature X <i>Mark Babin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery MARK BABIN 11/9/21</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>	
 9590 9402 6362 0296 2345 82		<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0680 0000 8295 4435</p>		<p>Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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- 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:

St. Peters church, Episcopal  
 200 2nd Street  
 Lewes, DE 19958



9590 9402 6362 0296 2346 05

2. Article Number (Transfer from service label)

7018 0680 0000 8295 4411

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

FR. JEFF ROSS

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™                           |
| <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"/> Restricted Delivery                        |