EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
Phone: 215-257-9156 • Email: Manager@EastRockhillTownship.org
Website: EastRockhillTownship.org

ZONING HEARING BOARD APPLICATION FOR HEARING

Six (6) copies of this application, including all plans and drawings, must be submitted to the Township with the application fee. No application will be accepted without an adequate plan for the subject premises.

Please select one of the following:

____ Appeals from a determination of the Zoning Officer
__X__ Requests for a special exception
____ Requests a variance
____ Challenges the validity of a zoning ordinance or map
____ Requests other relief with the jurisdiction for the Zoning Hearing Board as established in §909.1(a) of the Pennsylvania Municipalities Planning Code.

			Primary Contact (Check One)
Site Address: 1635 N. 5th St Parkasie PA 19844 **Tax Map Parcel(s):** 12-014-030-001-006 & 12-014-030-001-005			
Owner of Record	Name: Falcon Realty Venture LLC. Address: 1635 N. 5th St Parkasie PA 19844		☐
	Phone: 513-883-9278	Email: divyesh28@gmail.com	
Applicant	Name: Jill C. Rafine / Blackstone Building Group Address: 1705 Lovering Ave. Wilmington DE 19806		☑
	Phone: 302-660-5528	Email: jill@blackstonebg.com	
Attorney	Name Address		☐
	Phone	Email	

__X__ **I am not represented by an attorney in connection with the application**

ERT USE ONLY

Fee $_____ Application #_____

Check #_____ Credit Card Confirmation #_____

Received Stamp

1. If applicant is not the owner, state applicant's authority to submit this application. Applicant is an authorized representative and general contractor for the upcoming project.
2. Date of Present Deed: 08.24.2023
3. Present Zoning Classification: Commercial - Business
4. Lot Size: 83,351 acres
5. Nature of Improvements
   a. Present use of property: B
   b. Proposed use of property: B

6. If you are **appealing a determination of the Zoning Office**, complete the following: ☑ N/A
   a. The action taken was: _____
   b. The date action was taken: _____
   c. The foregoing action was in error because: _____

7. Attach a copy of any written order issued by the Zoning Officer in connection with this matter. ☐

8. If you are requesting a **special exception** complete the following: ☐ N/A
   a. Nature of special exception sought is: Expand existing non conforming use
   b. The special exception is allowed under: _____
      Part: _____ Section: _____
      Subsection: _____ of the East Rockhill Township Zoning Ordinance.
      (If more than one special exception is required, list all ordinance references and the nature of the exceptions sought).

9. If you are requesting a **variance:** ☑ N/A
   a. Nature of variance sought is: _____
   b. The variance is from: _____
      Part _____ Section: _____
      Subsection: _____ of the East Rockhill Township Municipal Zoning Ordinance. (If more

than one variance is required, list all ordinance references and the nature of the exceptions sought).

c. The nature of the unique circumstances and the unnecessary hardship justifying the request for a variance is: _____

_____

_____

10. If you are challenging the **validity of a zoning ordinance or map**, complete the following: ☑ N/A

a. Identify the provisions of the ordinance or map which you believe to be invalid: _____

_____

b. The challenge is ripe for decision because: _____

_____

c. The provisions challenged is invalid because: _____

_____

d. The foregoing action was in error because: _____

_____

11. Use in case of a **challenge to the validity of a Zoning Ordinance or Map**: ☑ N/A

a. The Ordinance of Map Challenged is as follows: _____

_____

b. The challenge is ripe for decision because: _____

_____

c. The Ordinance challenged is invalid because: _____

_____

12. If you are requesting a **unified appeal as defined in Section 913.1 of the Municipal Planning Code**, complete 11, 12, 13 or 14 above setting forth the Zoning question(s) for the Board's consideration, and complete the following: ☑ N/A

a. The development or development plan is designated as follows: _____

_____

b. The non-zoning issue(s) about which testimony will be presented are: _____

_____

13. Has there been **any previous zoning appeal, variance, or special exception for this property**:

☑ Yes ☐ No

If yes, please indicate the date thereof and nature of zoning granted: _____

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted in connection with this application are true to the best of my knowledge and belief.

Further, I understand that the decision of the Zoning Hearing Board concerning this matter may be appealed by any interested party within thirty (30) days of said decision.

I further understand that any work done under said Permit within the thirty (30) day appeal period is at my own risk, and that I will not hold East Rockhill Township responsible, financially or otherwise, for the delay, loss or injury which may occur as the result of such appeal.

I further understand that, if such appeal is made, said Permit will be revoked until such time as the appeal has been resolved.

Jill C Rafine — Signature

Jill C. Rafine / Blackstone Building Group — Printed Name

8/8/25 — Date

State of Commonwealth of Pennsylvania

County of _____

Signed and sworn to (or affirmed) before me this 8TH day of August 2025

Helen Joan Parker — Notary Public

HELEN JOAN PARKER
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires Dec. 06, 2025

Pennridge Family Dentistry

1635 North 5th Street, Perkasie, Pennsylvania 19844

DRAWING ISSUANCE

DWG	REVISION & DATE	ZONING 8-7-25	REV #	REV #
CS				
SUR				
SP-1				
A-1				
A-2				

PURPOSE OF PLAN:

THE PURPOSE OF THIS PLAN IS TO CONSTRUCT A 1,167 SF UPPER FLOOR EXPANSION TO AN EXISTING DENTAL OFFICE.

GENERAL DATA

PROPERTY OWNER:	FALCON REALTY VENTURE LLC
TAX PARCEL(S):	12-014-030-001-006 & 12-014-030-001-005
PROPERTY ADDRESS:	1635 NORTH FIFTH ST., PERKASIE, PA18944
EXISTING BUSINESS:	PENNRIDGE FAMILY DENTISTRY
LOT SIZE:	1.91 ACRES
EXISTING USE(S):	E1 - MEDICAL OFFICE (NONCONFORMING USE) E3 - OFFICE (NONCONFORMING USE)

ZONING

JURISDICTION:	EAST ROCKHILL TOWNSHIP
ZONE:	RR (RURAL RESIDENTIAL)
MINIMUM LOT AREA:	2.0 ACRES (1.91 ACRES EXISTING)
MINIMUM LOT WIDTH:	200 FEET (250 FEET EXISTING)
MAX. BUILDING HEIGHT:	35 FEET (25 FEET EXISTING)
STREET YARD SETBACK:	75 FEET
SIDE YARD SETBACK:	40 FEET
REAR YARD SETBACK:	75 FEET
MAX BUILDING COVERAGE:	10 PERCENT
MAX IMPERVIOUS COVERAGE:	20 PERCENT
MAX SQUARE FOOTAGE INCREASE:	50% OF FLOOR AREA

TRACT BREAKDOWN

GROSS LOT AREA:	83,351 SF (1.91 ACRES)	
EXISTING		
OPEN SPACE:	64,754 SF	(77.6%)
BUILDING COVERAGE:	2,713 SF	(3.1%)
IMPERVIOUS SURFACE:	18,597 SF	(22.3%)
PROPOSED (POST EXPANSION)		
OPEN SPACE:	64,344 SF	(77.2%)
BUILDING COVERAGE:	3,880 SF	(4.6%)
IMPERVIOUS SURFACE:	19,007 SF	(22.8%)

PARKING

27-304.E1.b. Parking: 4 off-street parking spaces per doctor plus 1 additional space for each employee.

27-304.E3.b. Parking: 1 off-street parking space for each 200 square feet of total floor area.

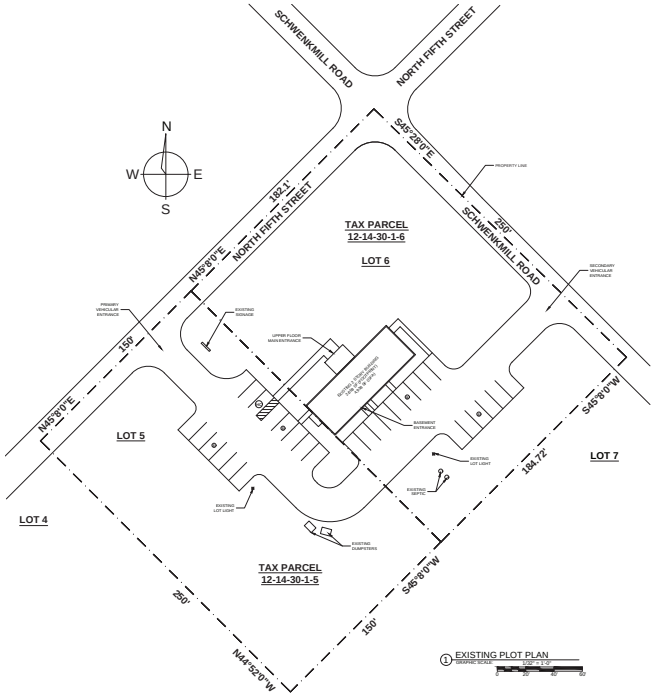
EXISTING PARKING CALCULATION

E-1: (2 DOCTORS X 4) + (10 EMPLOYEES X 1) =	18 SPACES
E-3: 800 SF / 200 SF =	4 SPACES
EXISTING PARKING REQUIRED:	22 SPACES
EXISTING PARKING PROVIDED:	**29 SPACES**

PROPOSED PARKING

E-1: (3 DOCTORS X 4) + (12 EMPLOYEES X 1) =	24 SPACES
E-3: 800 SF / 200 SF =	4 SPACES
NEW PARKING REQUIRED:	28 SPACES
PROPOSED PARKING:	**29 SPACES**

② ARIAL PLAN



① EXISTING PLOT PLAN

BLACKSTONE ARCHITECTURE
1705 LOVERING AVENUE
WILMINGTON, DE 19806
302.438.5839

PENNRIDGE FAMILY DENTAL
EAST ROCKHILL TOWNSHIP
1635 NORTH FIFTH ST.
PERKASIE, PA 18944

CONTRACTOR SHALL VERIFY DIMENSIONS AND SITE CONDITIONS AND REPORT ANY DISCREPANCIES TO THE ARCHITECT. THE ARCHITECT IS NOT RESPONSIBLE FOR ANY UNREPORTED DISCREPANCIES.

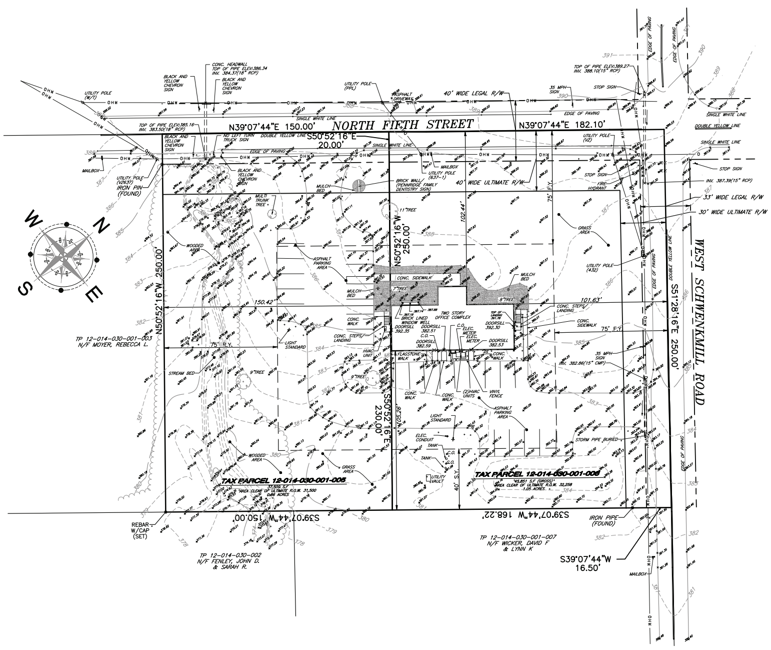
ISSUE: FOR ZONING REVIEW - 8.7.25

REVISIONS:

COVER SHEET

CS

PROJECT #: BBG2503



IMPERVIOUS CALCULATIONS:

DESCRIPTION	EXISTING
BUILDING	2,713 S.F.
PARKING LOT	15,217 S.F.
FLAGSTONE WALKS/LANDING/ STEPS/CONC.PAD	655 S.F.
WALLS	12 S.F.

18,597 S.F. TOTAL

18,597 S.F. / 83,351 S.F. = 22.3% IMPERVIOUS

ZONING DATA:

'RR' RURAL RESIDENTIAL

E1 MEDICAL OFFICE

DESCRIPTION	REQUIRED	EXISTING
MIN. LOT AREA	87,120 S.F.	83,351 S.F.
MIN. LOT WIDTH @ B.S.L.	200'	250'
MIN. FRONT YARD	75'	101.63'
MIN. SIDE YARD	40'	105.26'
MIN. REAR YARD	75'	150.42'
MAX. IMPERVIOUS SURFACE	20%	18.25%
MAX. BUILDING COVERAGE	10%	3.25%

GENERAL NOTES:

1. THE BOUNDARY AND EXISTING FEATURES AS SHOWN ARE BASED ON A FIELD SURVEY PERFORMED BY CAVANAUGH'S SURVEYING SERVICES ON JULY, 2025.
2. DESIGNATIONS OF EXISTING UNDERGROUND UTILITIES/FACILITIES SHOWN HEREON HAVE BEEN DEVELOPED FROM RECORDS, FIELD MARKOUTS BY UTILITY OWNERS, AND/OR ABOVE GROUND OBSERVATION OF THE SITE. NO EXCAVATIONS WERE PERFORMED IN PREPARATION OF THESE DRAWINGS; THEREFORE ALL UTILITIES SHOWN SHOULD BE CONSIDERED APPROXIMATE IN LOCATION, DEPTH, AND SIZE. THE POTENTIAL EXISTS FOR OTHER UNDERGROUND UTILITIES/ FACILITIES TO BE PRESENT WHICH ARE NOT SHOWN ON THESE DRAWINGS. ONLY THE VISIBLE LOCATIONS OF UNDERGROUND UTILITIES/FACILITIES AT THE TIME OF FIELD SURVEY SHALL BE CONSIDERED TRUE AND ACCURATE. COMPLETENESS OR ACCURACY OF UNDERGROUND UTILITIES/FACILITIES ARE NOT GUARANTEED BY CAVANAUGH'S SURVEYING SERVICES.
3. ALL CONTRACTORS WORKING ON THIS PROJECT SHALL VERIFY LOCATION AND DEPTH OF ALL UNDERGROUND UTILITIES/FACILITIES PRIOR TO THE START OF WORK AND SHALL COMPLY WITH THE REQUIREMENTS OF P.L. 852, NO. 287 DECEMBER 10, 1974 AS LAST AMENDED ON OCTOBER 30, 2017, PENNSYLVANIA ACT 121.
4. VERTICAL DATUM IS NAVD 88 AND WAS ESTABLISHED BY GLOBAL POSITIONING SYSTEM (GPS) WITH OBSERVATIONS REFERENCED TO THE KEYNETGPS (NETWORK RTK) BASE STATION NETWORK.
5. HORIZONTAL DATUM IS BASED ON 1983 STATE PLANE COORDINATE SYSTEM ESTABLISHED UTILIZING GLOBAL POSITIONING SYSTEM (GPS), WITH OBSERVATIONS REFERENCED TO THE KEYNETGPS (NETWORK RTK) BASE STATION NETWORK.
6. METES AND BOUNDS AS SHOWN ARE BASED ON PA. STATE PLANE COORDINATE SYSTEM. ROTATION TO DEED MERIDIAN IS 6 DEGREES 00 MINUTES 16 SECONDS CLOCKWISE.
7. AREA WITHIN THE ULTIMATE RIGHT-OF-WAY OF NORTH FIFTH STREET AND SCHWENKMILL ROAD SHALL BE OFFERED FOR DEDICATION TO EAST ROCKHILL TOWNSHIP. RIGHT-OF-WAYS SHALL BE ACCEPTED FOR DEDICATION BY THE TOWNSHIP AS EASEMENTS.

PENNSYLVANIA ONE CALL SYSTEM, INC.
925 Irwin Run Road
West Mifflin, Pennsylvania
15122 - 1078

BEFORE YOU DIG ANYWHERE IN PENNSYLVANIA! CALL 1-800-242-1776

NON-MEMBERS MUST BE CONTACTED DIRECTLY

PA LAW REQUIRES THREE WORKING DAYS NOTICE TO UTILITIES BEFORE YOU EXCAVATE, DRILL, BLAST OR DEMOLISH

PROGRESS PLAN

Cavanaugh's
SURVEYING SERVICES
PATRICK CAVANAUGH, PLS
28 EAST OAKLAND AVENUE
DOYLESTOWN, PENNSYLVANIA 18901
OFFICE 215-348-8359
CELL 267-614-0473 ~ CSS-SURVEYOR.COM

EXISTING FEATURES PLAN

TAX PARCEL 12-014-030-001-006 & 12-014-030-001-005

1635 NORTH 5TH STREET
EAST ROCKHILL TOWNSHIP
BUCKS COUNTY, PENNSYLVANIA

OWNER:
FALCON REALTY VENTURE LLC
1635 NORTH FIFTH STREET
PERKASIE, PA 18944

30' 0' 30'
SCALE: 1"= 30'

REVISION

SCALE: 1"= – TOTAL AREA: -- AC.
DATE: --, 2024
PROJECT NO.: 2024-

SHEET 1 OF 1

THIS ITEM HAS BEEN ELECTRONICALLY SIGNED AND SEALED BY JAMES A. BLACKSTONE ON THE DATE ADJACENT TO THE SEAL. PRINTED COPIES OF THIS DOCUMENT SHOULD NOT BE CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

BLACKSTONE
ARCHITECTURE
1705 LOVERING AVENUE
WILMINGTON, DE 19806
302.438.5839

PENNRIDGE FAMILY DENTAL

EAST ROCKHILL TOWNSHIP
1635 NORTH FIFTH ST.
PERKASIE, PA 18944

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ISSUE: FOR LAND DEVELOPMENT REVIEW - 4.18.25

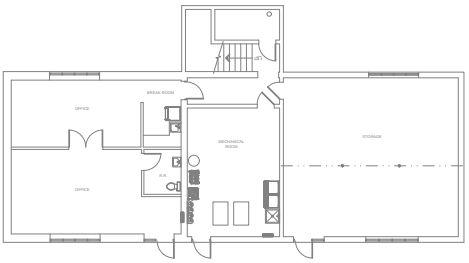
REVISIONS:

1.
2.
3.
4.

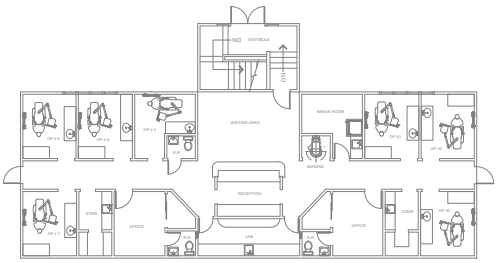
PROPOSED SITE PLAN

SP-1

PROJECT #: BBG2503



3 EXISTING BASEMENT PLAN
GRAPHIC SCALE 1/8" = 1'-0"



2 EXISTING UPPER FLOOR PLAN
GRAPHIC SCALE 1/8" = 1'-0"

EXISTING UPPER FLOOR SPACE ALLOCATION

GROSS FLOOR AREA: 2,450 SF

WAITING AREA
RECEPTION
TEAM ROOM
3 RESTROOMS (NON-ADA COMPLIANT)
2 OFFICES
7 TREATMENT ROOMS
IMAGING
2 STERILIZATIONS
2 LABS

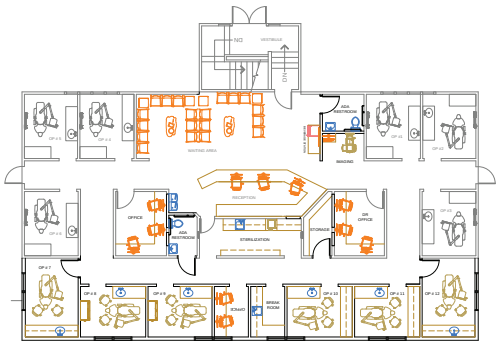
FIXTURE COUNT:
14 SINKS
3 TOILETS
0 WATER FOUNTAINS

PROPOSED UPPER FLOOR SPACE ALLOCATION

GROSS FLOOR AREA: 3,617 SF (+47%)

WAITING AREA (ENLARGED)
RECEPTION (ENLARGED)
TEAM ROOM
2 RESTROOMS (-1) (BOTH ADA COMPLIANT)
3 OFFICES (+1)
12 TREATMENT ROOMS (+5)
IMAGING (ENLARGED)
1 STERILIZATIONS (-1)
0 LABS (-2)

FIXTURE COUNT:
16 SINKS (+2)
2 TOILETS (-1)
1 WATER FOUNTAINS (+1)



1 PROPOSED UPPER FLOOR PLAN
GRAPHIC SCALE 1/8" = 1'-0"

BLACKSTONE
ARCHITECTURE
1705 LOVERING AVENUE
WILMINGTON, DE 19806
302.438.5839

PENNRIDGE FAMILY DENTAL
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PERKASIE, PA 18944

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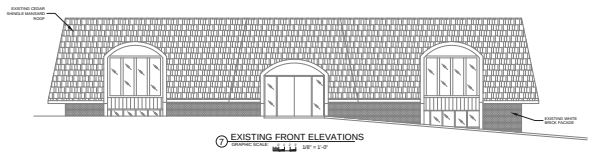
ISSUE: FOR ZONING REVIEW - 8.7.25

REVISIONS:
1
2
3
4

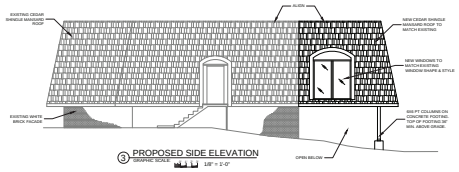
ARCHITECTURAL PLANS

A-1

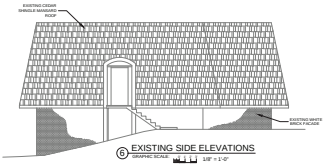
PROJECT #: BBG2503



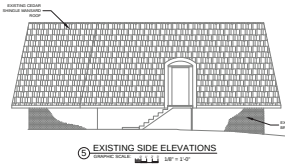
7 EXISTING FRONT ELEVATIONS
GRAPHIC SCALE: 1/8" = 1'-0"



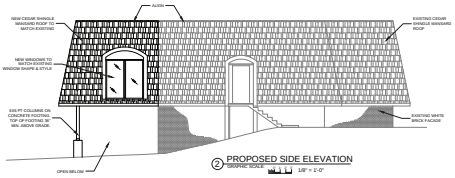
3 PROPOSED SIDE ELEVATION
GRAPHIC SCALE: 1/8" = 1'-0"



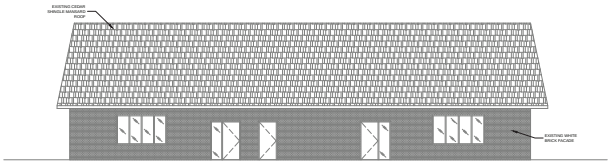
6 EXISTING SIDE ELEVATIONS
GRAPHIC SCALE: 1/8" = 1'-0"



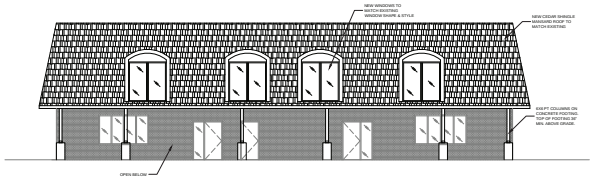
5 EXISTING SIDE ELEVATIONS
GRAPHIC SCALE: 1/8" = 1'-0"



2 PROPOSED SIDE ELEVATION
GRAPHIC SCALE: 1/8" = 1'-0"



4 EXISTING REAR ELEVATION
GRAPHIC SCALE: 1/8" = 1'-0"



1 PROPOSED REAR ELEVATION
GRAPHIC SCALE: 1/8" = 1'-0"

THE SEAL HAS BEEN ELECTRONICALLY SIGNED AND SEALED BY DAVID C. ANDERSON III (USING A DIGITAL SIGNATURE) ON THE DATE ADJACENT TO THE SEAL. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

BLACKSTONE
ARCHITECTURE
1705 LOVERING AVENUE
WILMINGTON, DE 19806
302.438.5839

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ISSUE: FOR ZONING REVIEW - 8.7.25

REVISIONS:
1
2
3
4

ARCHITECTURAL ELEVATIONS

A-2

PROJECT #: BBG2503

Intentionally Blank

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
Phone: 215-257-9156 • Email: Manager@EastRockhillTownship.org
Website: EastRockhillTownship.org

ZONING HEARING BOARD APPLICATION FOR HEARING

Six (6) copies of this application, including all plans and drawings, must be submitted to the Township with the application fee. No application will be accepted without an adequate plan for the subject premises.

Please select one of the following:

____ Appeals from a determination of the Zoning Officer
____ Requests for a special exception
X Requests a variance
____ Challenges the validity of a zoning ordinance or map
____ Requests other relief with the jurisdiction for the Zoning Hearing Board as established in §909.1(a) of the Pennsylvania Municipalities Planning Code.

			Primary Contact (Check One)
Site Address: 401 E Callowhill St. Perkasie PA 18944 **Tax Map Parcel(s):** 12-13-8-1 , 12-13-8-2			
Owner of Record	Name Tabor Rd LLC		X
	Address 401 E Callowhill St. Perkasie PA 18944		
	Phone 215 859 3300	Email growperkasie@gmail.com	
Applicant	Name Same as above		☐
	Address		
	Phone	Email	
Attorney	Name		☐
	Address		
	Phone	Email	

X **I am not represented by an attorney in connection with the application**

ERT USE ONLY

Fee $2,000.00 Application # 25-06
Check #1369 Credit Card Confirmation #_____

RECEIVED
Received Stamp
SEP 08 2025
East Rockhill Township

1. If applicant is not the owner, state applicant's authority to submit this application. _____

_____

2. Date of Present Deed: _____
3. Present Zoning Classification: CO
4. Lot Size: 2.83 acres
5. Nature of Improvements
   a. Present use of property: Retail Garden center
   b. Proposed use of property: Same as above

6. If you are **appealing a determination of the Zoning Office**, complete the following: ☐ N/A
   a. The action taken was: _____

   _____

   b. The date action was taken: _____
   c. The foregoing action was in error because: _____

   _____

7. Attach a copy of any written order issued by the Zoning Officer in connection with this matter. ☐

8. If you are requesting a **special exception** complete the following: ☐ N/A
   a. Nature of special exception sought is: _____

   _____

   b. The special exception is allowed under: _____

   Part: _____ Section: _____
   Subsection: _____ of the East Rockhill Township Zoning Ordinance.
   (If more than one special exception is required, list all ordinance references and the nature of the exceptions sought).

9. If you are requesting a **variance:** ☐ N/A
   a. Nature of variance sought is: 8 Ft high deer fence with in the propertyline setbacks

   _____

   b. The variance is from: _____

   Part _____ Section: 27-1709.a

   Subsection: _____ of the East Rockhill Township Municipal Zoning Ordinance. (If more

than one variance is required, list all ordinance references and the nature of the exceptions sought).

c. The nature of the unique circumstances and the unnecessary hardship justifying the request for a variance is: We are requesting an 8 ft fence to provide protection from deer eating our inventory and the loss of usable land within the setback will decrease our ability to have the necessary space for our plant material.

10. If you are challenging the **validity of a zoning ordinance or map**, complete the following: ☐ N/A

a. Identify the provisions of the ordinance or map which you believe to be invalid: _____

b. The challenge is ripe for decision because: _____

c. The provisions challenged is invalid because: _____

d. The foregoing action was in error because: _____

11. Use in case of a **challenge to the validity of a Zoning Ordinance or Map**: ☐ N/A

a. The Ordinance of Map Challenged is as follows: _____

b. The challenge is ripe for decision because: _____

c. The Ordinance challenged is invalid because: _____

12. If you are requesting a **unified appeal as defined in Section 913.1 of the Municipal Planning Code**, complete 11, 12, 13 or 14 above setting forth the Zoning question(s) for the Board's consideration, and complete the following: ☐ N/A

a. The development or development plan is designated as follows: _____

b. The non-zoning issue(s) about which testimony will be presented are: _____

13. Has there been **any previous zoning appeal, variance, or special exception for this property:**

☐ Yes ☒ No

If yes, please indicate the date thereof and nature of zoning granted: _____

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted in connection with this application are true to the best of my knowledge and belief.

Further, I understand that the decision of the Zoning Hearing Board concerning this matter may be appealed by any interested party within thirty (30) days of said decision.

I further understand that any work done under said Permit within the thirty (30) day appeal period is at my own risk, and that I will not hold East Rockhill Township responsible, financially or otherwise, for the delay, loss or injury which may occur as the result of such appeal.

I further understand that, if such appeal is made, said Permit will be revoked until such time as the appeal has been resolved.

Signature	Joe Koenig Printed Name	9/8/2025 Date

State of Commonwealth of Pennsylvania

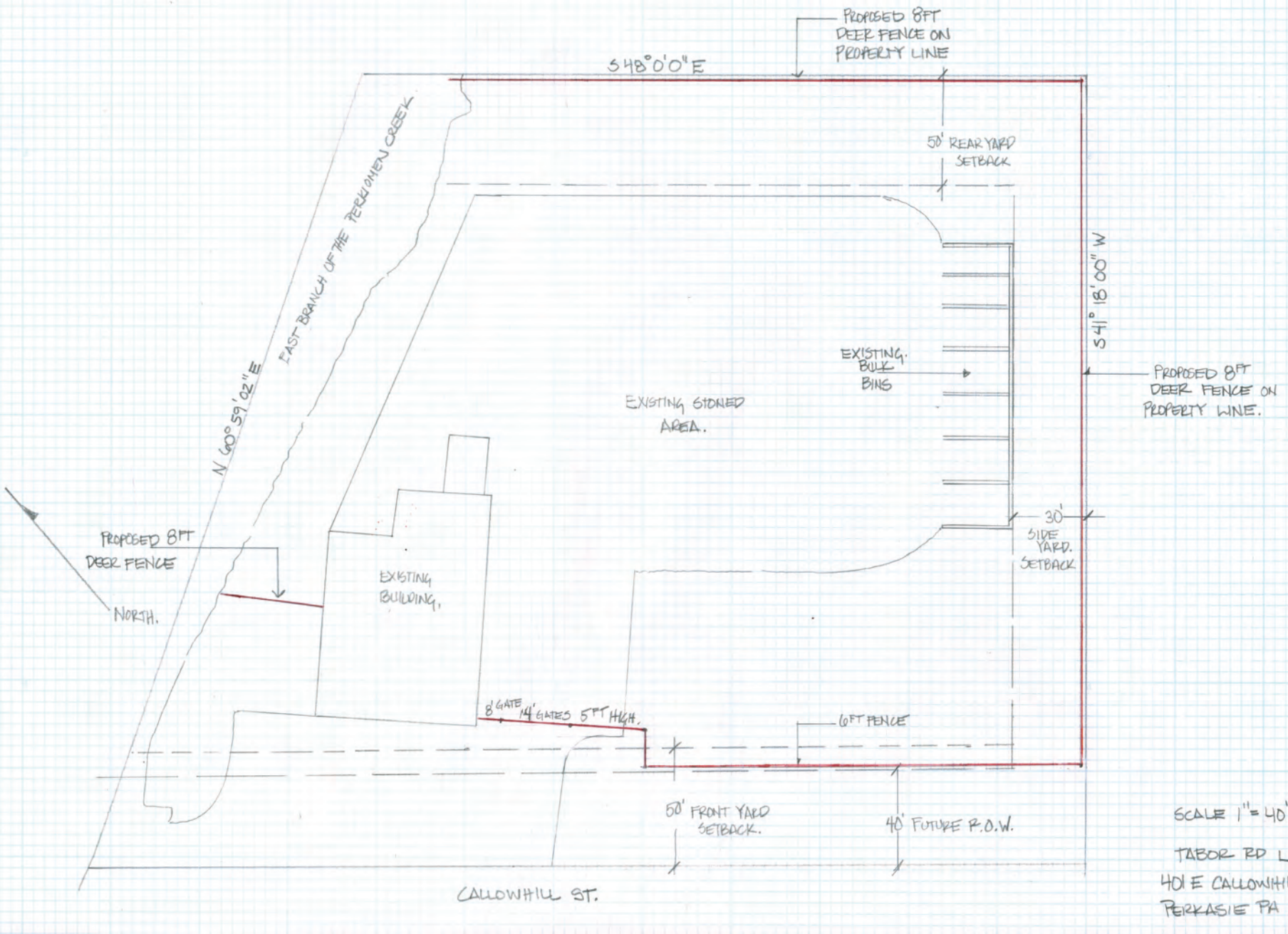
County of _____

Signed and sworn to (or affirmed) before me this _____ day of

_____, 20_____

_____

Notary Public



SCALE 1" = 40'

TABOR RD LLC
401 E CALLOWHILL ST.
PERKASIE PA 18944.