

8 Ward Way
Millsboro DE 19966

December 6, 2021

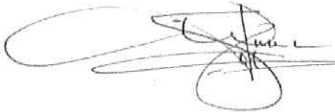
Case No. 12637 – Jeffrey W. and Janice L. Stull

Please find enclosed the appropriate exhibits supporting the application referenced above for a variance from the side yard setback requirement for a proposed structure. We are seeking a variance of the required 15' side yard setback. The existing home is 18.7' from the side yard property line and we are seeking a variance to allow the addition of a 6' wide covered porch. With the addition of the porch, the resulting structure would be 12.7' from the side yard property line and would require a variance of 2.3'.

The following exhibits are considered for the Board's consideration:

1. Survey Markup – markup of the applicable section of the property survey to show the location of the proposed 6' porch
2. Homeowners Association (HOA) Approval Letter – letter from the Meadow Drive Subdivision HOA approving the proposed structure that encroaches into the side yard setback requirement by approximately 2.3 feet
3. Photographs – photos of the existing structure
4. Example photographs – example photos of what the home would look like with the porch added

Best Regards,



Jeffrey W. & Janice L. Stull

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SUSSEX COUNTY
PLANNING & ZONING

JAMIE WHITEHOUSE, AICP
PLANNING & ZONING DIRECTOR
(302) 855-7878

jamie.whitehouse@sussexcountype.gov



Sussex County

DELAWARE
sussexcountype.gov

November 24, 2021

Jeffrey W. & Janice L. Stull
8 Ward Way
Millsboro, DE 19966

Dear Jeffrey W. & Janice L. Stull:

The public hearing to the Board of Adjustment has been scheduled for your following application:

Case No. 12637 – Jeffrey W. & Janice L. Stull seek a variance from the side yard setback requirement for a proposed structure (Sections 115-25 and 115-183 of the Sussex County Zoning Code). The property is located at the north side of Ward Way within the Meadow Drive Subdivision. 911 Address: 8 Ward Way, Millsboro. Zoning District: AR-1. Tax Map: 133-16.00-288.00

The Board of Adjustment will hold a Public Hearing on **Monday, December 20, 2021 at 6:00pm** in the Sussex County Council Chambers located in the County Administrative Office, 2 The Circle Georgetown, DE, 19947.

It will be necessary for you, the applicant, to participate or be represented by an agent or attorney at the hearing before the Board. **The applicant shall provide evidence in the form of testimony and/or exhibits to support the application.** Exhibits must be submitted by the Thursday prior to hearing date. If you do not participate, the Board reserves the right to refuse to act on your application and to require that a new application be filed and fees paid at your expense after one year.

In case the applicant is to be represented by an attorney, or agent, it is your duty to notify them as to the date and time of the hearing as herein set forth, as the Board will not notify your counsel.

Further instructions describing the method of public participation and the manner of viewing the hearings will be contained within the Agenda that will be posted at least 7 days in advance of the meeting at sussexcountype.gov.

Sincerely,
Planning and Zoning Department

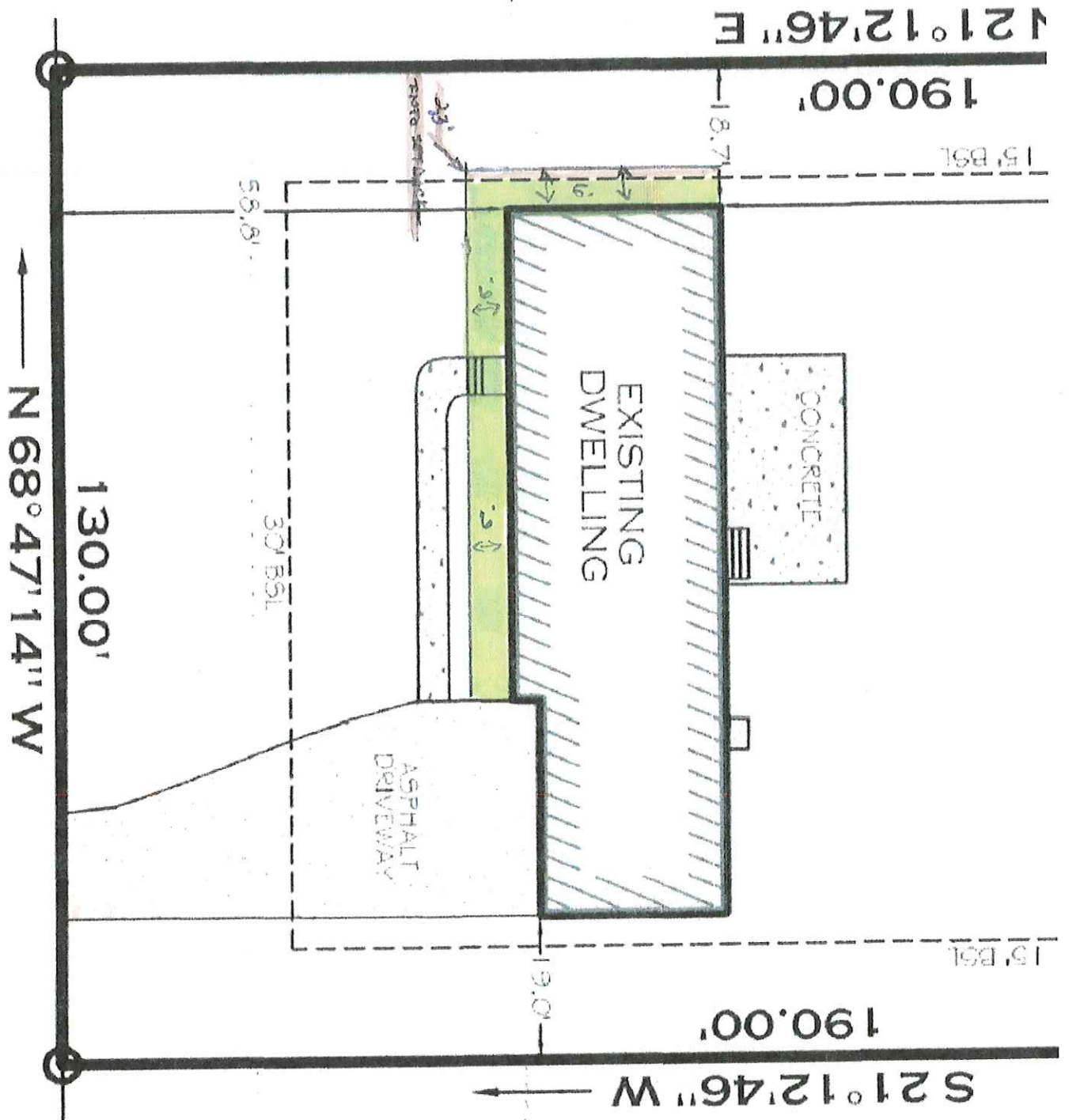
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SUSSEX COUNTY
PLANNING & ZONING



COUNTY ADMINISTRATIVE OFFICES
2 THE CIRCLE | PO BOX 417
GEORGETOWN, DELAWARE 19947



Meadow Drive Homeowners Association
2 Ward Way
Millsboro, DE 19966
(302) 841-3263
drewward@mchsi.com

September 20, 2021

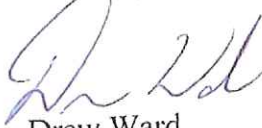
Dear Mr. & Mrs. Stull,

At our most recent HOA meeting on September 15, 2021, your proposed building plan was reviewed and approved for the following reasons:

1. The proposed porch will only affect the side setback adjacent to the stormwater management area and no other properties.
2. The proposed porch does not adversely affect the neighborhood.
3. The proposed porch will add value and curb appeal to your property.

If you have any questions, please do not hesitate to call. Thanks

Sincerely,



Drew Ward
Chairman

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EXHIBIT 3

FRONT OF EXISTING HOME



FRONT OF EXISTING HOME – WATER RETENTION AREA ON LEFT



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EXHIBIT 3

REAR OF EXISTING HOME



SIDE OF EXISTING HOME FROM WATER RETENTION AREA



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EXHIBIT 4

Sample Drawing



Example photo



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Licensing specialist:

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION

**Please Print
all responses.**

Date received:

RELOCATION LICENSE APPLICATION
License number: 146246 License expiration date: 12/31/2021

SECTION A - Identification

Applicant name: Veneta A. Johnson

Date of birth: 10/8/1963 Race: AA

Alias, maiden, or married names this person has used:

Location address: 6156 Newton Way
(street)

Bridgville Sussex
(city) (county)

PE
(state)

19933
(zip)

Applicant cell phone #: (302) 362-6027

Location phone #: (302) 337-3240

Applicant cell phone #: (302) 302-0021
Email address: puf@1995@comcast.net

Fax #: 302.337.3240

Entity Information (optional)

Entity Information (optional)

The "entity" is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check "individual" and leave the rest of this section blank.

☒ Individual ☐ Corporation

Entity name: Berta Johnson

Entity type: ☒ Individual ☐ Corporation
☐ Limited liability company (LLC)

Doing business as/facility name:

Entity address: 6156 Newton Way
(street)

Bridgville
(city)

De _____
(state)

19933
(zip)

- Entity address: 6150 Market Way (city) _____ (state) _____
- (street)
1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

SECTION B - Additional Information

ON B – Additional Information

Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)					
Name as it appears on this person's license or state ID	Date of birth	Race	Gender	Relationship to Applicant	Type of household membership

Full name

Alias, maiden, or married names this person has used

Date of birth

Race

Gender

Anthony L. Johnson

08/15/1966

AA

M

SECTION B - Additional Information, continued

Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use
Shirley	Annun 'Short	12-19-67	AA	F	Emergency

CHU contact

Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name:

Email: pu1995@comcast.net

SECTION C - Current Enrollment

Child's name (FIRST NAME ONLY)	Date of birth	Days attending	Hours attending each day
Example: Dante	5/22/10	Monday - Friday	8:00 a.m. - 5:00 p.m.
Example: Kate	11/6/09	Monday - Friday	7:00 a.m. - 8:15 a.m. 3:15 p.m. - 5:45 p.m.
Dontrell	3-24-08	Monday-Friday	5:30am - 3:30pm
Destiny	1-13-11	Monday-Friday	4:pm - 8:30pm
Jo Shawn	11-12-19	Monday-Friday	7:Am 12 pm
Jordan	5-22-20	Monday-Friday	11:Am 5pm
Kuzeybi	10-19-17	Monday-Friday	4pm - 8:30pm
Loyalty	2-21-20	Monday-Friday	8:pm - 4:30pm
Jahlil	11-26-17	Monday-Friday	7:30am - 4:30pm
Ariyah	4-17-18	Monday-Friday	11:Am - 5pm
J'Saia	12-24-12	Monday-Friday	5:30am - 3:30pm

SECTION D - Program Information

Hours of operation: 8:30 a.m. - 8:30 p.m. or a.m. (circle one) Days of operation: ☒ M ☒ T ☒ W ☐ Th ☐ F ☐ Sa ☐ Su

Months of operation: ☒ January to December ☐ August to June ☐ _____ to _____

Ages of children accepted: (Use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.) Example: From 6 weeks to 12 years From 1 y/25 to 12 y/25

Program components:

Transportation: ☒ field trips ☐ daily ☐ other ☒ Purchase of Care ☐ Food program (CACFP) agency: NONE

SECTION E – Residence Information

Check all that apply:

If home is rented, landlord approval documentation is required. ☐ submitted ☒ home is not rented
If home uses well water, a DE Office of Drinking Water certificate is required. ☒ submitted ☐ no well water used

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Completed the Emergency Plan for Family Child Care Homes template.

SECTION F – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge the applicant, substitute, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness that limits the person's ability to perform child care or have access to children and cannot be addressed by a reasonable accommodation; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1

11/04/2021
Date

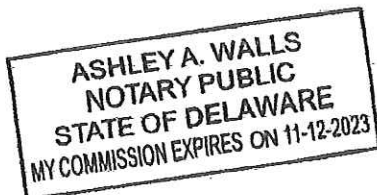
STATE OF DELAWARE)
COUNTY OF Sussex) : SS

Signed and attested before me this November 4, 2021

Ashley A. Walls
Signature of notarial officer
(seal)

Date

Ashley A. Walls
Print name



RECEIPT

date 1/22 / 18 / 21 No. 1223305

received from Whith Johnson \$ 100.00

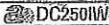
One hundred and 00/100 dollars

for payment of EPA Daycare 6136 Newton Way
Frederick DE

☒ cash ☐ money order ☐ credit card ☐ check # _____

amount due			
amount paid	<u>100.00</u>		
balance			

from _____ to _____

signature [Signature] 

102-362-6037



**OFFICE OF THE STATE FIRE MARSHAL
Technical Services**

22705 Park Avenue
Georgetown, DE 19947



SFMO PERMIT – SHALL BE POSTED ON JOBSITE UNTIL FINAL INSPECTION

Plan Review Number: 2021-04-209031-OCC-01

Tax Parcel Number: 530-17.00-27.00

Status: Approved as Submitted

Date: 12/10/2021

Project

Peach Orchard Child Care
Johnson Residence
Anthony & Venita Johnson Property

6156 Newton Way
Bridgeville DE 19933

Scope of Project

Number of Stories: 2

Square Footage:

Construction Class: V (000) Wood Frame

Fire District: 72 - Bridgeville Volunteer Fire Co

Occupant Load Inside: 9

Occupancy Code: 9662

Applicant

Venita Johnson
6156 Newton Way
Bridgeville, DE 19933

This office has reviewed the plans and specifications of the above described project for compliance with the Delaware State Fire Prevention Regulations, in effect as of the date of this review.

A Review Status of "Approved as Submitted" or "Not Approved as Submitted" must comply with the provisions of the attached Plan Review Comments.

Any Conditional Approval does not relieve the Applicant, Owner, Engineer, Contractor, nor their representatives from their responsibility to comply with the plan review comments and the applicable provisions of the Delaware State Fire Prevention Regulations in the construction, installation and/or completion of the project as reviewed by this Agency.

A final inspection is required.

This Plan Review Project was prepared by:


Desiree McCall

FIRE PROTECTION PLAN REVIEW COMMENTS

Plan Review Number: 2021-04-209031-OCC-01

Tax Parcel Number: 530-17.00-27.00

Status: Approved as Submitted

Date: 12/10/2021

PROJECT COMMENTS

- 2000 A** This project has been reviewed under the provisions of the Delaware State Fire Prevention Regulations (DSFPR) dated September 1, 2021. The current Delaware State Fire Prevention Regulations are available on our website at www.statefiremarshal.delaware.gov. These plans were not reviewed for compliance with the Americans with Disabilities Act. These plans were not reviewed for compliance with any Local, Municipal, nor County Building Codes. Project work must be started within two years from the issuance of the permit, otherwise, the permit will be terminated.
- 2004 A** This project has been reviewed as a Group Daycare Home. A group daycare home shall be a daycare home in which not less than seven, but not more than 12 clients receive care for less than 24 hours, generally within a dwelling unit. There shall be not more than three clients incapable of self-preservation. (NFPA 101, Section 16.6.1.7.2). Project work must be started within one year from the issuance of the permit, otherwise, the permit will be terminated.
- 2500 A** A final inspection is required for this project prior to occupancy (DSFPR Part I, Section 4-7). Contact this Agency to schedule this inspection. Please have the plan review number available. A MINIMUM OF FIVE (5) WORKING DAYS NOTICE IS REQUIRED.
- 2710 A** The following items will be field verified by this Agency at the time of final inspection:
- 2087 A** Single-station or multiple-station Carbon Monoxide Alarms or Detectors shall be provided where sleeping occurs and one or both of the following conditions exist: Fuel Fired equipment is present or an enclosed parking structure is attached to the building. CO alarms or detectors shall be installed in accordance with NFPA 720.
- 2174 A** All rooms used for sleeping shall require single station smoke detectors that are powered by the building electrical system, or system smoke detectors with integral sounding devices as specified in the Life Safety Code. NFPA 101, Section 16.6.3.4.3 (2006 ed.).

- 2096** All non-locking type 125 volt, 15 and 20 ampere, receptacles in all areas occupied by clients in day care occupancies (including family and group) are to be listed tamper resistant receptacles, sometimes known as TR rated electrical outlets or receptacles(NFPA 101, Section 16.5.1.2)
- 2095 A** In corridors, stairways, lobbies, and exits, of day care homes (those with 12 or fewer clients) and in the exits of family day care homes (those with 6 or fewer clients), interior wall and ceiling finish materials complying with Section 10.2 shall be Class A or Class B. (NFPA 101, Section 16.6.3.3.2.1). In other occupied spaces, interior wall and ceiling finish materials complying with Section 10.2 shall be Class A, Class B, or Class C. (NFPA 101, Section 16.6.3.3.2.2). If finishes other than drywall and paint are proposed, provide this Agency with manufacturer's specifications.
- 2031 A** Every closet door latch shall be such that clients can open the door from inside the closet (NFPA 101, Section 16.2.2.2.4).
- 2032 A** Every bathroom door lock shall be designed to permit the opening of the locked door from outside in an emergency. The opening device shall be readily accessible to the staff (NFPA 101, Section 16.2.2.2.5).
- 2174 A** All rooms used for sleeping shall require single station smoke detectors that are powered by the building electrical system, or system smoke detectors with integral sounding devices as specified in the Life Safety Code. NFPA 101, Section 16.6.3.4.3 (2006 ed.).
- 2030 A** Doors shall be non keyed from the inside (NFPA 101, Section 7.2.1.5.2, ed 2006). This can be a lever, knob, thumb latch, or panic bar. NFPA 101, Section 7.2.1.5.4 (2000 ed.).
- 2210 A** Provide portable fire extinguishers (DSFPR Part V, Section 1 9.1). A multipurpose (A:B:C) with at least a 2A:10B:C rating shall be provided (NFPA 10). All portable fire extinguishers shall be serviced on an annual basis (every 12 months) by an individual licensed under the provisions of the DSFPR, Part III, Chapter 2. The list of current, licensed fire extinguisher companies is found on our web site www.statefiremarshal.delaware.gov.
- 2220 A** All electrical work shall comply with the provisions of the National Electrical Code (NFPA 70). It will be required to pass an electrical inspection by an approved electrical inspection agency: American Inspection Agency (877-242-1300); or Building Inspection Underwriters (302-266-9057); or First State Inspection Agency (800-468-7338); or Middle Department Inspection Agency

(800-222-6342); or National Code Inspection Agency (302-349-9020); or United Inspection Agency (215-542-9977).

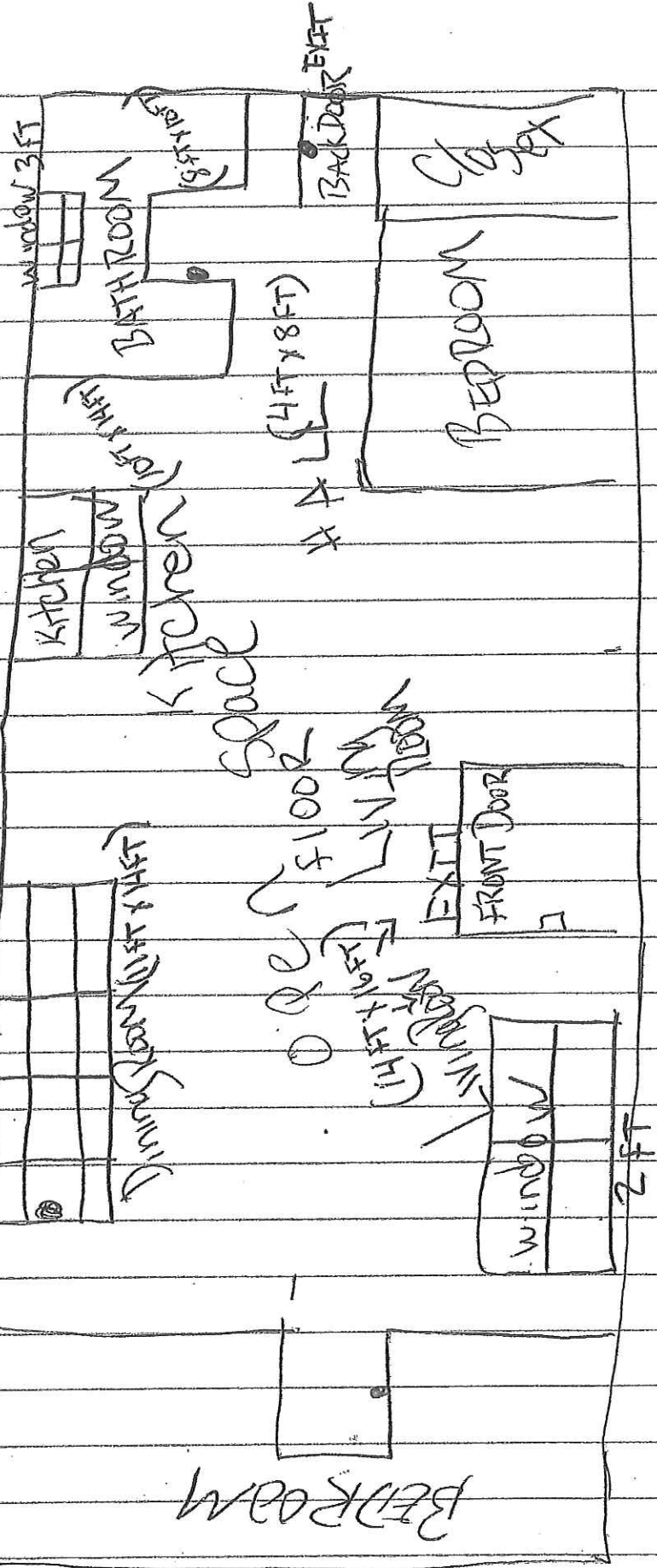
* an electrical inspection will be required after the tamper resistant receptacles have been installed and prior to scheduling a final inspection with our office.

1501 A If there are any questions about the above referenced comments please feel free to contact the Fire Protection Specialist who reviewed this project. Please have the plan review number available when calling about a specific project. When changes or revisions to the plans occur, plans are required to be submitted, reviewed, and approved.

PEACH ORCHARD CHILD CARE ROOMS USAGE FOR CHILD CARE

- 14 FT x 16 FT Living Room
- 11 FT x 14 FT Dining Room
- 10 FT x 14 FT Kitchen
- 4 FT x 8 FT Hall
- 8 FT x 10 FT Bathroom

EXIT PATIO DOOR



FRONT

BACK







State of Delaware

Department of Education

License Number: 146246

REGULATED SERVICES

Type: Extension

Level II

Capacity: 009

FAMILY CHILD CARE LICENSE

The Department of Education pursuant to Title 14 Chapter 30A
of the Delaware Code hereby certifies that:

VENITA JOHNSON

21683 MILL PARK DRIVE BRIDGEVILLE, DELAWARE 19933-4311

is hereby granted a license to operate a
licensed Family Child Care Home

for the period:

January 1, 2021 to December 31, 2021

unless revoked for cause.

NOTE: This license shall be posted.

Elizabeth Simon

Director

DSM