City of Philadelphia Zoning Board of Adjustment

Application for Appeal

CALENDAR # _____ (FOR OFFICE USE ONLY)

WHEN COMPLETED, MAIL TO:

CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
BOARDS ADMINISTRATION
MUNICIPAL SERVICES BUILDING, 11TH FLOOR
1401 JOHN F. KENNEDY BLVD.
PHILADELPHIA, PA 19102

APPLICANT MUST COMPLETE ALL INFORMATION BELOW. PRINT CLEARLY AND PROVIDE FULL DETAILS

LOCATION OF PROPERTY (LEGAL ADDRESS)

PROPERTY OWNER'S NAME:

PHONE #:

E-MAIL:

PROPERTY OWNER'S ADDRESS (INCLUDE CITY, STATE, AND ZIP)

A CORPORATION MUST BE REPRESENTED BY AN ATTORNEY LICENSED TO PRACTICE IN PENNSYLVANIA

APPLICANT:

FIRM/COMPANY:

PHONE #:

APPLICANT'S ADDRESS (INCLUDE CITY, STATE, AND ZIP)

E-MAIL:

RELATIONSHIP TO OWNER: ◯ TENANT/LESEE ◯ ATTORNEY ◯ DESIGN PROFESSIONAL ◯ CONTRACTOR ◯ EXPEDITOR ◯ OTHER

APPEAL RELATED TO ZONING/USE REGISTRATION PERMIT APPLICATION #

IF A VARIANCE IS REQUESTED, PLEASE PROVIDE AN EXPLANATION OF EACH OF THE FOLLOWING CRITERIA AS REQUIRED FOR THE GRANTING OF A VARIANCE:

Does compliance with the requirements of the zoning code cause an unnecessary hardship due to the size, shape, contours or physical dimensions of your property? Did any action on your part cause or create the special conditions or circumstances? Explain.

Will the variance you seek represent the least modification possible of the code provision to provide relief from the requirements of the zoning code? Explain.

Will the variance you seek increase congestion in public streets or in any way endanger the public? Explain.

Will the variance you seek substantially or permanently harm your neighbors' use of their properties or impair an adequate supply of light and air to those properties? Explain.

Will the variance you seek substantially increase traffic congestion in public streets or place undue burden on water, sewer, school park or other public facilities? Explain.

Will the variance you seek create environmental damage, pollution, erosion, or siltation, or increase the danger of flooding? Explain.

REASONS FOR APPEAL:

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to possible revocation of any licenses issued as result of my false application, and such other penalties as may be prescribed by law.

Applicant's Signature: _____ Date: _____ / _____ / _____

MONTH DATE YEAR