City of Philadelphia Zoning Board of Adjustment

Application for Special Exception

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**

SPECIAL EXCEPTION REFERRAL OF ZONING/USE REGISTRATION PERMIT APPLICATION #

PLEASE PROVIDE AN EXPLANATION OF EACH OF THE FOLLOWING CRITERIA AS REQUIRED FOR THE GRANTING OF A SPECIAL EXCEPTION

Will the special exception cause congestion in publc streets or transportation systems beyond what would normally be expected from the proposed use? Explain.

Will the special exception cause overcrowding of the land beyond what would normally be expected from the proposed use? Explain.

Will the special exception impair the adquate supply of light and air to adjacent properties? Explain.

Will the special exception burden the water, sewer, school, park or other public facilities beyond what would be normally expected from the proposed use? Explain.

Will the special exception impair or permanently injure the use of adjacent properties? Explain.

Additional details:

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