

(ZP-YEAR-NUMBER)

Application for Zoning / Use Registration Permits in the /MIN Overlay

This application must be submitted as a supplement for all Zoning applications in the /MIN Overlay.

Property Address Enter location of work	1	Addre	55				
Applicability Answer the questions in Section 2 to determine if the application is subject to the requirements of the /MIN Overlay A residential use is one that provides living accommodations for one or more persons. A residential use, for the purposes of the /MIN Overlay does not include a personal care home as defined in 14-601(2)(b)(.1) A residential housing project shall include development on any parcel, regardless of proximity, under common ownership interest. This excludes any completed projects that already received a Certificate of Occupancy or Approval.	2	Part B Part A	Does this application include a change in Gross Flo Does this application include any residential uses? If the answer to <u>either</u> of the questions in Section 2 answered. Sign, date and submit this form with yo If the answer to <u>both</u> questions above was "Yes", c Is this owner developing less than 10 dwelling units /MIN overlay? The dwelling units are developed by an educationa occupancy of such institution's students or other in advisors or house masters Less than 25% of the GFA of the project will be ress If the answer to <u>any</u> of the questions in Section 2, I the /MIN Overlay. Sign, date and submit this form of	2, Part A was "No", no additional ur Zoning application. complete the remainder of this for s or 20 sleeping units total within al institution for the exclusive use stitution-affiliated persons such sidential use Part B was "Yes", this application.	[] questions on this for orm. In the entire e and as resident [n is exempt from the	Yes No Yes No Yes No requirements of	
Additional Details about the Proposed Residential Housing Project		Address(es) Job Number, if applicable Dwellin			of Planning & Develop with your Zoning appl Number	velopment's <u>/MIN,</u> application. ber of Units, applicable	
Section 3 should only be completed if the application is required to comply							

the application is required to completed in the application is required to comply with the requirements of the /MIN Overlay based on the responses provided in Section 2 and the residential housing project includes development on separate properties within the /MIN Overlay.

The Job Number is the number assigned to the application when the application is created. All zoning permit job numbers will have the same format: ZP - [four-digit year] – [six digits].

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If necessary, provide an additional sheet.

	Job Number,	Number of Units, if applicable		
Address(es)	if applicable	Dwelling Units	Sleeping Units	
	ZP-20			

Declaration & Signature

All provisions of the Zoning Code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law or ordinance, inclusive of the penalties contained in 18 Pa. C.S. § 4904.

Applicant Signature:

Applicant Company: _

Date:____/__/