

# Philadelphia Zoning Board of Adjustment Request for Reconsideration and Rehearing



## Please read and follow these instructions.

Only *Interested Persons* may request reconsideration of a decision by the Zoning Board of Adjustment (ZBA). *Interested Persons* are the original appellant and all persons or entities who entered an appearance before or during the ZBA hearing.

Requests must be submitted within **10 days** of the date from which the ZBA emails the Notice of Decision (NOD) to the Appellant and all Interested Persons.

To request reconsideration and rehearing:

1. Immediately following the Board's decision, contact the ZBA office at [RCOZBA@phila.gov](mailto:RCOZBA@phila.gov) or 215-686-2429 to obtain a list of interested parties.
2. **Wait** for the NOD. The NOD is typically issued 2-3 weeks after the Board's final decision.
3. Fill out this form completely. Forms with blank fields will be rejected.
4. Serve a copy of this form and the Notice of Decision to all interested parties. The form and NOD should be served by email unless only a mailing address is provided, in which case it must be mailed by USPS. **Do not complete this step before receiving the NOD.**
5. Submit your complete form to the ZBA in one of two ways:
  - By email to [RCOZBA@phila.gov](mailto:RCOZBA@phila.gov) and [BoardCounsel@phila.gov](mailto:BoardCounsel@phila.gov). This is the preferred method.
  - In person. Make an appointment at [www.phila.gov/zba](http://www.phila.gov/zba).

Timely requests will be considered by the Board. If the Board grants reconsideration and rehearing, the requester and all interested persons will be notified of the reconsideration hearing date.

## Section 1. Decision Information

Identify the decision that you would like the Board to Reconsider.

Appeal Address: \_\_\_\_\_

Calendar Number: 

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Hearing Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

## Section 2. Requestor Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: ☐ Appellant ☐ Protestant ☐ Other Interested Party

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## Section 3. Reason for Request

*In the box below, state the special circumstances that were not known, and could not reasonably have been known, by you at the time of the hearing. If necessary, attach supplemental pages.*

## Section 4. Notification of Parties of Record

*You must serve a copy of your completed request form and the Notice of Decision to all parties of record. In the box below, enter all parties of record who received a copy of this completed form.*

## Section 5. Acknowledgement Statement & Signature

*I hereby certify that, on or before the date below, I mailed or emailed a copy of this Request for Reconsideration to all parties of record as listed in Section 4 above.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_