

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 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 serve notice before receiving the NOD.
5. Submit this complete form and a copy of the email containing the NOD (including the date the email was sent) to the ZBA in one of two ways:
 - By email to RCOZBA@phila.gov and BoardCounsel@phila.gov. This is the preferred method.
 - In person. Make an appointment at 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: _____