



APPLICATION FOR ADMINISTRATIVE REVIEW REQUEST



APPLICATION NUMBER: (OFFICE USE ONLY)	APPLICATION IS HEREBY MADE FOR ADMINISTRATIVE REVIEW APPROVAL UNDER THE PHILADELPHIA ZONING AND PLANNING CODE.
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PROPERTY ADDRESS:

APPLICANT NAME:	PREVIOUS PERMIT NUMBER: (ATTACH COPY OF PERMIT)	CALENDAR NUMBER:
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PROPOSED CHANGES AND REASONS FOR ADMINISTRATIVE REVIEW:

APPLICANTS SIGNATURE:	DATE:
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<p>EXAMINER'S REVIEW RESULTS:</p> <p>ADDITIONAL REFUSALS: NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, NUMBER OF ADDITIONAL REFUSALS: _____</p> <p>CODE SECTION(S):</p> <p>INCREASE IN DEGREE OF PREVIOUS VARIANCE(S): NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>EXPLANATION OF ADDITIONAL REFUSAL(S) / INCREASED VARIANCE(S):</p> <p>PROPOSED CHANGES ARE MINOR PURSUANT TO ZBA REGULATIONS AND HEREBY APPROVED: NO <input type="checkbox"/> YES <input type="checkbox"/></p>
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EXAMINER SIGNATURE:	DATE:
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<p>CHAIRPERSON OF THE BOARD'S RESULTS: APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/></p> <p>IF DENIED, REASON FOR DENIAL:</p>
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CHAIRPERSON OF THE BOARD'S SIGNATURE:	DATE:
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INSTRUCTIONS AND PLAN REQUIREMENTS

1. SUBMIT A COMPLETED ZONING/USE REGISTRATION APPLICATION.
2. SUBMIT SIX (6) COPIES OF SITE PLAN AND ELEVATION PLAN. ALL PLANS SHALL BE DRAWN TO SCALE.
3. ATTACH COPY OF PREVIOUSLY APPROVED ZONING PERMIT AND ANY SUPPLEMENTAL ADMINISTRATIVE REVIEWS.
4. PROVIDE ADMINISTRATIVE REVIEW FEE OF \$65.00 AT TIME OF APPLICATION. CHECK OR MONEY ORDER ONLY.