

APPLICATION FOR ZONING / USE REGISTRATION PERMIT



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
 MUNICIPAL SERVICES BUILDING – CONCOURSE
 1401 JOHN F. KENNEDY BOULEVARD
 PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

(For office use only)

APPLICATION # _____

ZONING CLASSIFICATION _____

PREVIOUS APPLICATION NO. _____

(Applicant completes all information below. Print clearly and provide full details)

LOCATION OF PROPERTY (LEGAL ADDRESS) _____

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S ADDRESS: _____

PHONE # _____

FAX # _____

LICENSE # _____

E-MAIL: _____

APPLICANT: _____

ADDRESS: _____

FIRM/COMPANY: _____

PHONE # _____

FAX # _____

LICENSE # _____

E-MAIL: _____

RELATIONSHIP TO OWNER: TENANT/LESSEE ATTORNEY DESIGN PROFESSIONAL CONTRACTOR EXPEDITOR

TABULATION OF USES

FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE

STORIES AND HEIGHTS FROM GROUND TO ROOF

HEIGHT IN FEET	EXISTING BUILDING			PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION		
	FRONT	SIDE	REAR	FRONT	SIDE	REAR

BRIEF DESCRIPTION OF WORK/CHANGE:

CONTINUED ON ADDITIONAL SHEET (ATTACHED) ACCELERATED REVIEW CHECK/RECEIPT/M.O NO. _____

IS THIS APPLICATION IN RESPONSE TO A VIOLATION? NO YES VIOLATION #: _____

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 statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____ DATE: ____ / ____ / ____

