

ZONING/USE PERMIT		CITY OF PHILADELPHIA DEPARTMENT OF LICENSES & INSPECTIONS 1401 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102-1667		PERMIT NUMBER 451306	
SUBJECT TO REVOCATION IF FULL INFORMATION IS MISREPRESENTED OR NOT PROVIDED				FEE \$100.00	DATE 02/05/13
LOCATION OF WORK: 02132 MARKET ST PHILADELPHIA, PA 19103-3103				ZONING CLASSIFICATION CMX-4	
OWNER 2100 W MARKET ST CORP A PA CORP 2ND FLOOR PHILADELPHIA PA, 191072816		APPLICANT GRIFFIN CAMPBELL CONSTRUCTION 1605 BUTLER STREET PHILADELPHIA, PA 19140-		PLAN EXAMINER JOHN DOHERTY	
				ZONING BOARD OF ADJUSTMENT DECISION CALENDAR # DATE	
THIS PERMIT DOES NOT AUTHORIZE ANY CONSTRUCTION UNTIL RELATED CONSTRUCTION PERMITS ARE ISSUED					
UNDER REGULATIONS OF THE PHILADELPHIA ZONING ORDINANCE FOR ZONING APPROVAL COMPLETE DEMOLITION OF (2) TWO STORY PROPERTY					
USE REGISTRATION VACANT LOT					
OFFICE COPY					
SUBJECT TO THE FOLLOWING PROVISOS AS ESTABLISHED BY THE ZONING BOARD OF ADJUSTMENT:					
ANY PERSON AGGREIVED BY THE ISSUANCE OF THIS PERMIT MAY APPEAL TO THE ZONING BOARD OF ADJUSTMENT (ZBA). FOR INSTRUCTIONS ON FILING AN APPEAL, PLEASE CONTACT THE ZBA AT 215-686-2429 OR 215-686-2430.					
IT SHALL BE THE OWNER'S RESPONSIBILITY TO SECURE THE APPROVAL OF THE PHILADELPHIA HISTORICAL COMMISSION PRIOR TO ANY ALTERATION TO A HISTORIC PROPERTY. TO CHECK THE HISTORIC STATUS OF A PROPERTY, CALL THE PHILADELPHIA HISTORICAL COMMISSION AT 215-686-7680.					
FOR ESTABLISHMENTS THAT PREPARE AND SERVE FOOD: APPLICANTS MUST OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT. SEPARATE PLAN REVIEWS AND FEES MAY BE REQUIRED. CONTACT THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH SERVICES / OFFICE OF FOOD PROTECTION: 321 UNIVERSITY AVE. - 2ND Floor, PHILADELPHIA, PA 19104 TELEPHONE NUMBER: (215) 685-7495					
LIMITATIONS:					
IN CASES WHERE CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED, A BUILDING PERMIT MUST BE OBTAINED WITHIN THREE (3) YEARS FROM THE DATE OF ISSUANCE OF THIS ZONING PERMIT.					
IN CASES WHERE NO CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED, THIS PERMIT BECOMES INVALID AFTER SIX (6) MONTHS UNLESS AN APPLICATION FOR A CERTIFICATE OF OCCUPANCY IS SUBMITTED AND SUBSEQUENTLY APPROVED.					
THIS PERMIT IS NOT A CERTIFICATE OF OCCUPANCY OR A LICENSE.					
ALL PROVISIONS OF THE CODE AND OTHER CITY ORDINANCES MUST BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THIS PERMIT CONSTITUTE APPROVAL FROM ANY STATE OR FEDERAL AGENCY, IF REQUIRED.					
<u>WITHIN 5 DAYS OF RECEIPT OF THIS PERMIT A TRUE COPY OF THIS PERMIT MUST BE POSTED IN A CONSPICUOUS LOCATION ON THE PREMISES FOR 30 DAYS</u>					

\$100

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 19107
For more information visit us at www.phila.gov

(For office use only)
APPLICATION # 451306
ZONING CLASSIFICATION CMX-4

PREVIOUS APPLICATION NO. _____

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

LOCATION OF PROPERTY (LEGAL ADDRESS) 2132 Market St, Phila, PA 19103

PROPERTY OWNER'S NAME
2132 Market Realty Corp
PHONE # _____ FAX # _____

PROPERTY OWNER'S ADDRESS:
1230 Arch St, 2nd Fl
Philadelphia, PA 19107
LICENSE # 950843 E-MAIL: _____

APPLICANT: Plato Marinakos *Sarah Coppinger*
FIRM / COMPANY:
Plato Studio Architect, LLC
PHONE # 610-207-7678 FAX # _____

ADDRESS:
2000 Hamilton St, Suite 912
Philadelphia, PA 19130
LICENSE # AC2284766/214770 E-MAIL: _____

RELATIONSHIP TO OWNER TENANT / LESSEE ATTORNEY DESIGN PROFESSIONAL CONTRACTOR EXPEDITER

TABULATION OF USES

FLOOR / SPACE #	CURRENT USE OF BUILDING / SPACE	Last Previous Use	Date Last Used
	<u>2 story commercial</u>		

PROPOSED USE OF BUILDING / SPACE

FLOOR / SPACE #	PROPOSED USE OF BUILDING / SPACE
	<u>vacant lot</u>

STORIES AND HEIGHTS FROM GROUND TO ROOF

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

BRIEF DESCRIPTION OF WORK / CHANGE
Demolition of 2 story commercial property

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 compiled with, whether specified herein or not. Plans approved by the Department from 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: Sarah Coppinger DATE: 01/30/13
02/01/13

PRE-REQUISITE APPROVALS FOR:

ADDRESS: _____ **APPLICATION #:** _____

IF REQ'D	AGENCY	INITIALS	DATE	REMARKS
	ART COMMISSION 13TH FLOOR - 1515 ARCH STREET	<i>[Handwritten Initials]</i>	<i>[Handwritten Date]</i>	<i>[Handwritten Remarks]</i>
	CITY PLANNING COMMISSION 13TH FLOOR 1515 ARCH STREET	<i>[Handwritten Initials]</i>	<i>[Handwritten Date]</i>	<i>[Handwritten Remarks]</i>
	HISTORICAL COMMISSION	<i>[Handwritten Initials]</i>		<i>[Handwritten Remarks]</i>
	FAIRMOUNT PARK COMMISSION			
	STREETS DEPARTMENT ROOM 940 - M.S.B.			
	WATER DEPARTMENT 2ND FLOOR-1101 MARKET STREET			

EXAMINER'S APPROVAL (OFFICE USE ONLY)

PERMIT TO READ: _____

NOTICE OF REFUSAL DATE: _____ **NOTICE OF REFERRAL DATE:** _____

ZBA CALENDAR NO.	GRANTED BY ZBA <input type="checkbox"/> NO <input type="checkbox"/> YES DATE	PROVISOS <input type="checkbox"/> NO <input type="checkbox"/> YES	FEE ITEM	AMOUNT
			FILING FEE	
			RE-INSPECTION FEE	
VIOLATION FOR WORK / CHANGE WITHOUT A PERMIT? <input type="checkbox"/> NO <input type="checkbox"/> YES (INSPECTION FEE MUST BE ADDED TO PERMIT FEE)			ZONING FEE	
VIOLATION # _____			USE FEE	
			TOTAL FEES	

This is to certify that I have examined the within detailed statement, together with a copy of the plans relating thereto, and find the same to be in accordance with the provisions of the law relating to zoning in the City of Philadelphia, that the same has been approved and entered into the records of this Department.

EXAMINER: _____ **DATE APPROVED:** _____

PERMIT # _____ **DATE ISSUED:** _____ **CHECK #** _____