

# City of Philadelphia Project Information Form

## PIF Confirmation Page

Thank you for submitting your information. A copy of this information will be sent to your e-mail address. If you entered in any of this information incorrectly, please complete and **submit a new form** with the updated information.

NOTE TO APPLICANTS: You **MUST** print out your completed Project Information Form (PIF) and submit it to the Zoning Board of Adjustment (ZBA) with your appeal paperwork. Per Section §14-303 (15)(a)(.3)(.A) of the Philadelphia Code, *"an applicant who seeks either a special exception or a variance must submit to the Board, at the time the appeal is filed, a copy of the Project Information Form for such application, if the preparation of a Project Information Form is required for such application..."*

**View all projects** submissions.

### PRINT YOUR FORM

#### Applicant Information

##### Address of Development Project

7715 CRITTENDEN ST

##### Council District #

8

##### Name of Applicant

Peter kelsen

##### Zoning Application Number

ZP-2020-00

**Address of Applicant**

One Logan Square  
130 N 18th  
Philadelphia, PA 19103

**Contact Information**

**Is the contact person the same as applicant?**

- Yes

**Name of Contact Person**

Peter kelsen

**Phone Number of Contact Person**

(215) 569-5655

**Email Address of Contact Person**

kelsen@blankrome.com

**Project Information**

**Is your project exclusively residential?**

No

**Does your project result in a total of 2,500 square feet or more of floor area?**

Yes

**Is your zoning application exclusively for signage?**

No

**Key Project Statistics**

**Current Land Use on Parcel(s):**

Apartments Structures and Amenities (Pool House)

**Proposed Land Use on Parcel(s):**

No change.

**Net Change in Number of Housing Units:**

0

**Net Change in Commercial Square Footage:**

0

**Net Change in Total Floor Area:**

858

**Net Change in On-Street Parking:**

0

**Number of Off-Street Parking Spaces to be Provided:**

0

**Approximate Projected Construction Period:**

TBD

**Please provide a brief summary of your proposed project:**

Demolition and reconstruction of the pool house on the same footprint, adding 858 sq.ft. of gross floor area.

**Please describe any planned changes to the landscaping and lighting on any public space within or adjacent to your project:**

The area in the vicinity of the pool and pool house will be landscaped according to the site plans.

**Please describe any anticipated impacts on the transportation network (e.g. parking, sidewalks, street safety or traffic, transit) and any plans for mitigating any negative impacts:**

Construction will be on-site, with minimal impacts, if any.

**Approximately how many full time equivalent jobs (if any) are currently located on site?**

0

**Approximately how many full time equivalent workers will be employed on-site during the construction period?**

TBD

**Approximately how many full time equivalent jobs (if any) will be located on-site after construction is complete? Approximately how many of these jobs (if any) will be paid a wage of at least \$15/hour and will include health and/or retirement benefits?**

TBD

**Describe your plan, if any, to increase the supply of affordable housing:**

N/A

**Please describe any partnerships with local community organizations that will be utilized during and/or after construction:**

N/A

**Please provide a brief summary of any plans for local hiring and job training/apprenticeships during or after construction. Also, please indicate whether you plan to submit an Economic Opportunity Plan to the Office of Economic Opportunity:**

TBD

**Please describe any other anticipated community impacts (positive or negative) associated with this project:**

We do not anticipate any negative impacts from this project. The new pool house and landscaping will provide a positive aesthetic for the local residents and for those visiting the adjacent shopping center.

## **Sign & Submit**

**Agreement:**

- I understand that all information submitted on this form is public information.

**Printed Name of Applicant**

peter kelsen

**Please sign with the Initials of the Applicant**

PFK

**Date**

04/28/2021

Feedback