CHESTNUT HILL COMMUNITY ASSOCIATION
8434 GERMANTOWN AVENUE, PHILADELPHIA, PA 19118 • 215-248-8810 • 215-248-8814 FAX
WWW.CHESTNUTHILL.ORG • INFO@CHESTNUTHILL.ORG
Serving the community since 1947

DEVELOPMENT REVIEW COMMITTEE APPLICATION
for Review of Zoning Variances and Special Exceptions

This is not to be completed online. Please DOWNLOAD this form.

If you have applied for a Zoning Permit from the Philadelphia Department of Licenses and Inspections and received a Refusal or Referral, you may choose to file an appeal. If you do, you will be referred to the Chestnut Hill Community Association for RCO review. To initiate that process we ask you to fill out this application, and submit it to us, along with a copy of the Refusal or Referral, your Appeal, plans (site, floor, elevation), photographs of the property and surrounding area, and any other documentation you feel would be helpful.)..

Please send this information to RCO-CHCA@chestnuthill.org or deliver it to 8434 Germantown Avenue. 19118
If you have questions, please call the Executive Director at Town Hall (215-248-8811) or e-mail RCO-CHCA@chestnuthill.org. In order to be included on our meeting agendas, you need to initiate contact with us no less than 8 days in advance of the next DRC meeting, which is held on the third Tuesday of every month.

The CHCA review process provides opportunities for your application to be reviewed by professionals, community members and organizations, over the course of 3-5 regularly-scheduled meetings. The process typically spans 37-44 days. Occasionally, revisions are requested that may lengthen the process. Participation in the review process is the only way your application can receive a letter of support from the CHCA Board.

We appreciate your submitting this information early in your process, even preliminary to having a ZBA hearing date. The sooner we hear from you, the better we are able to help you in this process. We look forward to meeting with you, and helping you make a positive contribution to Chestnut Hill. Thank you.

Please DOWNLOAD this form; PRINT or TYPE and complete only the applicable sections:

1) **Date of Application:** _____

2) **Statement of Subject:** Briefly describe the development or project that you are proposing
Rehab auxillary structure in backyard for use

3) **Property Address or Specific Location:** 3011 Rex Avenue

4) **Name of Owner(s) of Property or Location:** Jody + Nikolas Greenblatt

5) **Name of Applicant (if different than owner):**

6) **Owner/Applicant Business Name** —

7) **Owner/Applicant Postal Address:** 301 Rex Ave

8) **Owner/Applicant Contact Information and Website:** N/A

Daytime phone: _____ Cell: _____

Email _____

Website _____

9) **Professional Representation (if applicable):** N/A

Name: _____

Firm: _____

Postal Address: _____

Phone: _____

Email _____

10) **Refusal or Referral:** If you are seeking a Zoning Variance or Special Exception, you will need to provide the Philadelphia Department of Licenses & Inspections Refusal or Referral by number and date:

ZP-2022-002854
5/20/22

We ask you to provide a copy of your Refusal or Referral to RCO-CHCA@chestnuthill.org prior to the first meeting. If you do not have it, please call us so we can discuss options to create the meeting schedule. If you have received a date and time for your Zoning Board of Adjustments (ZBA) meeting please provide it here:

ZBA Meeting Date: 11/9/22 **Time:** 3:30 PM

11) **Plans & Drawings:** Please provide the plans and drawings as you submitted them to the Philadelphia Department of Licenses & Inspections. These plans must be submitted in PDF form with your application. Please bring full size plans or drawings to the DRC meeting and other review committee meetings as requested. —

12) **Community Benefits:** If applicable, provide a statement of benefits of the project to Chestnut Hill.

N/A

archivedwal drawings or rendering.

13) **Notification to Neighbors:** The City of Philadelphia requires applicants for variances and special exceptions to notify neighbors within a specified radius of your property. This notification must state that you will be presenting your plans to the community and include the property address, date, time and location of the meeting. Instructions and a list of specific addresses for notification are provided to applicants by the Philadelphia City Planning Commission. (You will first need to file an Appeal with the Philadelphia Zoning Board of Adjustment in order to obtain these instructions and addresses.)

Directions on how to proceed with notifications can be found at:
https://www.phila.gov/rconotification/

IMPORTANT: We ask that you contact us prior to sending out neighbor notices so we can confirm the meeting date with you.

14) **Please provide the addresses of neighbors <u>adjoining and across from</u> your proposed development. Before a recommendation can be made by the DRC to the CHCA Board, signed letters or petitions indicating the responses of the adjoining neighbors are requested.**

308 Rex Avenue
307 Rex Avenue
239 Rex Avenue
8711 Seminole Street
315 Rex Ave

15) **Operational Impacts:** Please check the items below that may cause the proposed development to have operational impacts on immediate neighbors, businesses, and the surrounding community.

- ☐ change in off-street parking demand
- ☐ change in on-street parking demand
- ☐ change in pedestrian circulation
- ☐ change in vehicular circulation
- ☐ hours of operation _____
- ☐ access and timing of goods delivery
- ☐ access and timing of waste removal
- ☐ number of customers/day _____
- ☐ fencing or landscaping along adjoining properties
- ☐ increased noise levels
- ☐ increased odors
- ☐ blocked views
- ☐ increased outdoor lighting
- ☐ party walls
- ☐ change in utility demand
- ☐ number of employees

N/A

☐ other impacts (please specify)_____

Please attach statements or diagrams of how you plan to address each of these items.

16) **Historic Significance:** Please indicate the historic significance of the property (i.e., date of construction, style of architecture, architect if known, National Historic Register status.) The Chestnut Hill Conservancy has documented nearly every existing structure and can provide you with this information. Contact 215-247-9329, Ext 205

I spoke to Lori Salgan roff. We found no record of the auxillary structure. There was one photo showing the structure used as a garage.

17) **Historical Context:** Please describe the proposal relative to the historical context of the property and the surrounding properties. (If not known, consult the Chestnut Hill Conservancy.)

In speaking with Lori, we fand no historical context.

18) **Environmental Assessment:** Please describe the proposal relative to the environmental context of the property and the surrounding properties (e.g., removal of tanks, trees, hedges, walls).

N/A
rehabbing existing structure

19) **Wissahickon Watershed:** Chestnut Hill lies entirely within the Wissahickon Watershed. A City of Philadelphia ordinance restricts all development within the Watershed with regard to set backs from water courses, site clearing and construction activity on steep slopes (greater than 15 percent), impervious coverage ratios, and some earth-moving activity. Describe the effect of your proposed project on the Watershed. Contact 215-247-0417 – for the Friends of the Wissahickon for more information

N/A - rehab existing structure

*** * * * * IF THIS IS A RESIDENTIAL PROPOSAL, STOP HERE AND SIGN FINAL PAGE * * * * ***

29) **Awnings*:** (see our Streetscape Guidelines for preferred choices.) Please provide samples.

Color(s) _____ Dimensions (WxLxH)_____

Material (please include sample) _____

Will awning(s) cover important façade features (e.g., wood moldings, stained glass, etc.)?

_____

_____

Purpose for awning(s) _____

Intended graphics/type _____

30) **Façade*:** Please describe the proposed alterations to the current façade.

_____

_____

_____

31) **Security Systems*:** Please describe any security systems you plan to install.

_____

_____

_____

***NOTE: The City of Philadelphia may require separate permits for these items outside of the ZBA process**

32) **Hours of Operation:** Please describe your intended hours, each day of the week, and seasonal any differences. Do you plan to participate in the business community special schedules?

_____

_____

Please sign your application:

Jody Greenblatt

Signature of Owner/Applicant

Nikolas Greenblatt

Signature of Owner/Applicant

Jody Greenblatt

Print Name

Nikolas Greenblatt

Print Name