

ZONING/USE PERMIT		CITY OF PHILADELPHIA DEPARTMENT OF LICENSES & INSPECTIONS 1401 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102-1667		PERMIT NUMBER 880722	
SUBJECT TO REVOCATION IF FULL INFORMATION IS MISREPRESENTED OR NOT PROVIDED		FEE \$350.00		DATE 06/11/18	
LOCATION OF WORK: 00127 N 15TH ST PHILADELPHIA, PA 19102-1503				ZONING CLASSIFICATION CMX-5	
OWNER CHERRY ORCHARD LLC 1424 CASTLE AVE PHILADELPHIA PA, 19145		APPLICANT BRETT FELDMAN, ESQ 1835 MARKET STREET PHILADELPHIA, PA 19103		PLAN EXAMINER	
				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
FOR THE ERECTION OF ONE (1) FLATWALL, STATICALLY-ILLUMINATED SIGN.

OFFICE COPY

USE REGISTRATION
SIGN ACCESSORY TO VISITOR ACCOMODATIONS WITH 66 ROOMS, WITH PERSONAL SERVICES (FITNESS CENTER), AS PREVIOUSLY APPROVED.

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 215-686-7660

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 NO CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED: THIS PERMIT BECOMES INVALID SHOULD THIS USE NOT START WITHIN SIX (6) MONTHS FROM THE DATE OF ISSUANCE OR THE DATE OF ZONING BOARD OF ADJUSTMENT DECISION, WHICHEVER COMES FIRST.


IN CASES WHERE CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED: THIS PERMIT BECOMES INVALID SHOULD CONSTRUCTION NOT START WITHIN THREE (3) YEARS FROM THE DATE OF ISSUANCE OR THE DATE OF ZONING BOARD OF ADJUSTMENT DECISION, WHICHEVER COMES FIRST.

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.

A.G. CR 6/1

APPLICATION FOR ZONING / USE REGISTRATION PERMIT
 (For office use only)
 APPLICATION # 880722
 ZONING CLASSIFICATION OMX-5
 PREVIOUS APPLICATION NO. _____


 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
ACCELERATED REVIEW PAID

(Applicant completes all information below. Print clearly and provide full details)
 LOCATION OF PROPERTY (LEGAL ADDRESS)
 127-31 NORTH 15TH STREET (OPA # 88-3-7258-00)

Check/Receipt # 15635 Date: 5-29-18

PROPERTY OWNER'S NAME
 CHERRY ORCHARD LLC
 PHONE # _____ FAX # _____

PROPERTY OWNER'S ADDRESS:
 1424 CASTLE AVENUE
 PHILADELPHIA, PA 19145
 LICENSE # _____ E-MAIL: BFELDMAN@KLEHR.COM

APPLICANT:
 BRETT FELDMAN, ESQUIRE FOR OWNER
 FIRM/COMPANY:
 KLEHR HARRISON HARVEY BRANZBURG LLP
 PHONE # (215) 569-3697 FAX # _____
 RELATIONSHIP TO OWNER: TENANT/LESSEE ATTORNEY DESIGN PROFESSIONAL CONTRACTOR EXPEDITOR

ADDRESS:
 1835 MARKET STREET SUITE 1400
 PHILADELPHIA, PA 19103
 LICENSE # AC2657945 E-MAIL: BFELDMAN@KLEHR.COM

TABULATION OF USES			
FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used
127-31 NORTH 15TH STREET	VISITOR ACCOMMODATIONS (HOTEL)		
FLOORS 1 TO 13	WITH 66 ROOMS AND OTHER ACCESSORY SERVICES (FITNESS CENTER), FIRST FLOOR		
(WITH BASEMENT)	TO INCLUDE A RETAIL SPACE ('TENANT SPACE A') TO BE USED AS A PREPARED FOOD SHOP		
	AS PER PERMIT # 885471 (4/11/18)		

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE
SAME	NO CHANGE

STORIES AND HEIGHTS FROM GROUND TO ROOF					
HEIGHT IN FEET	EXISTING BUILDING			PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION	
	FRONT	SIDE	REAR	FRONT	REAR

BRIEF DESCRIPTION OF WORK/CHANGE

NO CHANGE OTHER THAN 1) THE ERECTION OF (1) ONE ACCESSORY FLAT WALL, INTERNALLY ILLUMINATED SIGN AS PER PLANS AND 2) ROOF DECK ATOP EXISTING 13TH FLOOR AS PER PLANS

____ 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: [Signature] DATE: 5,22,18

. 24

PRE-REQUISITE APPROVALS FOR:

ADDRESS: _____ APPLICATION #: _____

✓ IF REQ'D	AGENCY	INITIALS	DATE	REMARKS
	ART COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	CITY PLANNING COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	HISTORICAL COMMISSION			
	FAIRMOUNT PARK COMMISSION			
	STREETS DEPARTMENT ROOM 940 - M.S.B.			
	WATER DEPARTMENT 2 ND 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 #
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APPLICATION FOR
ACCELERATED PLAN REVIEW



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

(Please complete all information below and print clearly)

ADDRESS OF PROJECT: 127-31 N. 15th St
APPLICATION NUMBER: 880722
APPLICANT NAME: Brett D Feldman
APPLICANT ADDRESS: K. H. Harrison Harvey
1835 Market St #1400
Phila PA 19103
PHONE #: 215 569-3697 E-MAIL: B.Feldman@kletter.com

PLAN REVIEW TYPE

BUILDING PERMIT
 ELECTRICAL
 PLUMBING
 ZONING PERMIT

\$540 FOR UP TO FOUR (4) HOURS OF PLAN REVIEW TIME; \$135 FOR EACH ADDITIONAL HOUR

\$420 FOR UP TO FOUR (4) HOURS OF PLAN REVIEW TIME; \$135 FOR EACH ADDITIONAL HOUR

For the project and application shown above, I am requesting an accelerated plan review of the type specified above. I hereby agree to pay the City of Philadelphia the minimum fee required.

If the plan review requires more than four hours to complete the review, I agree to pay the City of Philadelphia the additional fee as specified above. I understand that the results of the plan review will not be provided until all accelerated plan review fees are paid.

I acknowledge that I have been informed of the current normal service level for plan review for this type of application and have elected to request an accelerated plan review for the permit application above. I have also been informed of the current service level for accelerated plan review.

I understand that the City of Philadelphia's obligation will be complete when the results of the plan review have been provided to you.

I understand that the fees for an accelerated plan review are in addition to the filing fee and final permit fee.

APPLICANT'S SIGNATURE: Brett D Feldman DATE: 5/29/18

DEPARTMENT OF LICENSES & INSPECTIONS (Official use only)

AMOUNT PAID: _____ CHECK/RECEIPT #: _____ DATE: _____

EXAMINER ASSIGNED:

NOTES:



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES & INSPECTIONS
 Municipal Services Building - Concourse Level
 1401 John F. Kennedy Boulevard
 Philadelphia, Pennsylvania 19102

Accelerated Application Checklist
 All relevant information is required to be submitted
 at the time the accelerated application is filed.
 Visit our website at www.phila.gov/li for additional information.

GENERAL

Completed Application

- Project Address-valid address registered with the Office of Property Assessment (visit www.phila.gov/opa to confirm)
- Complete applicant contact information, including email address, identified on application. *All applicants, other than homeowner, must possess a Philadelphia Commercial Activity License.*
- Complete owner information, including email address, identified on application.
- Contractor identified on application possesses valid licenses.
- Check made payable to the City of Philadelphia** in the amount indicated below included with application. *Note: No third party checks will be accepted.*
 - Building Applications:
 One and Two Family: \$565 accelerated review All Other Occupancies: \$640 accelerated review
 - Zoning Only Applications:
 One and Two Family: \$445 accelerated review All Other Occupancies: \$520 accelerated review
- Contractor Tax Clearance Form**
- Contractor Certificate of Insurance**
- Completed Accelerated Application Agreement**

All requirements for applicable work type must be denoted as 'PROVIDED' or 'NOT APPLICABLE (N/A)'.

NEW CONSTRUCTION, ADDITIONS & ALTERATIONS	PROVIDED	N/A
Application		
Scope of work is accurately described	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals		
Zoning/Use Registration Permit	<input type="checkbox"/>	<input type="checkbox"/>
Streets Department	<input type="checkbox"/>	<input type="checkbox"/>
Water Department	<input type="checkbox"/>	<input type="checkbox"/>
City Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>
Art Commission	<input type="checkbox"/>	<input type="checkbox"/>
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Soils Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>
L & I - "Special Inspections" Form	<input type="checkbox"/>	<input type="checkbox"/>
L & I - Energy Conservation Forms	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Three sets of building plans	<input type="checkbox"/>	<input type="checkbox"/>
Signed/sealed by a PA design professional	<input type="checkbox"/>	<input type="checkbox"/>

MECHANICAL (ductwork, fuel gas, HVAC)	PROVIDED	N/A
Application		
Scope of work is accurately described	<input type="checkbox"/>	<input type="checkbox"/>
Number of new registers/diffusers listed	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals		
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Three sets of building plans	<input type="checkbox"/>	<input type="checkbox"/>
Signed/sealed by a PA professional engineer	<input type="checkbox"/>	<input type="checkbox"/>
All penetrations of rated construction clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>
Fire dampers and smoke detectors clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Hoods Only:		
Equipment plan provided	<input type="checkbox"/>	<input type="checkbox"/>
Hood and duct sizes and gages provided	<input type="checkbox"/>	<input type="checkbox"/>
Location of duct and fans and termination points	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust and supply air quantities and velocities	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SUPPRESSION	PROVIDED	N/A
Application		
Scope of work is accurately described	<input type="checkbox"/>	<input type="checkbox"/>
Number of new sprinkler heads listed	<input type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals		
PA Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Historical Commission	<input type="checkbox"/>	<input type="checkbox"/>
Water Department	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Calculations	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
PWD Form CP100/CU100	<input type="checkbox"/>	<input type="checkbox"/>
Building Plans signed and sealed by a PA Professional Engineer. 4 sets are required where a new backflow is being installed and 3 sets are required in all other cases.	<input type="checkbox"/>	<input type="checkbox"/>

ZONING	PROVIDED	N/A
Application		
Existing and proposed uses specified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detailed description of proposed work provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Six copies of site plan (max of 2 sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-requisite Approvals:		
Streets Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>
City Planning Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Art Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New Construction/Additions Only:		
Elevation Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby certify that all information contained herein is true to the best of my knowledge. I understand that an incomplete application will not be reviewed until all required materials are submitted.

APPLICANT'S SIGNATURE: B. Feldman DATE: 5/29/18

127 N 15TH ST
Philadelphia, PA 19102-1503

OWNER

CHERRY ORCHARD LLC

MAILING ADDRESS
1424 CASTLE AVE
PHILADELPHIA PA
19145

You can estimate the 2019 Real Estate Tax of this property based on the proposed tax rate and Homestead Exemption amount. These estimates are for information only, and may not be the actual amount of Real Estate Tax for 2019.

Tax rate

1.4572% (Proposed)

Homestead Exemption

\$45,000

VALUATION HISTORY

Year	Market Value	Taxable Land	Taxable Improvement	Exempt Land	Exempt Improvement
2019	\$365,800	\$73,160	\$292,640	\$0	\$0
2018	\$355,200	\$71,040	\$284,160	\$0	\$0
2017	\$338,100	\$129,000	\$209,100	\$0	\$0
2016	\$338,100	\$129,000	\$209,100	\$0	\$0
2015	\$338,100	\$129,000	\$209,100	\$0	\$0
2014	\$338,100	\$129,000	\$209,100	\$0	\$0
2013	\$300,000	\$38,300	\$57,700	\$0	\$0

SALES DETAILS

SALES PRICE: \$2,100,000

SALES DATE: 1/10/2017

PROPERTY DETAILS

OPA ACCOUNT: 871030250
HOMESTEAD EXEMPTION: No
DESCRIPTION: STR/OFF+APT 3 STY MASONRY

Ana Gindhart

From: Feldman, Brett <BFeldman@klehr.com>
Sent: Thursday, June 7, 2018 4:07 PM
To: Ana Gindhart
Cc: Uhl, Roseanne
Subject: RE: 127 N. 15th Street- App# 880722 (RESPONSE TO COMMENTS)

Perfect. Thanks again.

Brett D. Feldman
KLEHR | HARRISON | HARVEY | BRANZBURG LLP
1835 Market Street, Suite 1400 | Philadelphia, PA 19103
T (215) 569-3697 | F (215) 568-6603 | BFeldman@Klehr.com

From: Ana Gindhart [mailto:Ana.Gindhart@phila.gov]
Sent: Thursday, June 07, 2018 4:06 PM
To: Feldman, Brett
Cc: Uhl, Roseanne
Subject: RE: 127 N. 15th Street- App# 880722 (RESPONSE TO COMMENTS)

Thank you for the clarification, Brett. I will issue the permit for the sign only and email you the billing statement when ready.

Thanks.

From: Feldman, Brett [mailto:BFeldman@klehr.com]
Sent: Thursday, June 7, 2018 4:04 PM
To: Ana Gindhart <Ana.Gindhart@phila.gov>
Cc: Uhl, Roseanne <RUhl@klehr.com>
Subject: RE: 127 N. 15th Street- App# 880722 (RESPONSE TO COMMENTS)

Thanks so much for taking the time to discuss this matter. It would be great if you could send a billing statement just for the sign (no roofdeck for now).

All the best,
Brett

Brett D. Feldman
KLEHR | HARRISON | HARVEY | BRANZBURG LLP
1835 Market Street, Suite 1400 | Philadelphia, PA 19103
T (215) 569-3697 | F (215) 568-6603 | BFeldman@Klehr.com

From: Feldman, Brett
Sent: Thursday, June 07, 2018 3:55 PM
To: 'Ana Gindhart'
Cc: Uhl, Roseanne
Subject: RE: 127 N. 15th Street- App# 880722 (RESPONSE TO COMMENTS)

(.29) Center City Commercial District Control Area.²¹⁴