

Springfield Township
Zoning/Building Conditional Use Application

I. Property Owner Information:

A. Property Owner's Name:

B. Property Address where work is performed:_____

C. Owner's

Address:_____

D. Owner's Phone:

_____ email:_____

E. Best time to call:

F. Zoning District:

F. Tax Map & Parcel Number:_____

II. Applicant Information: *(Complete only if different than information above)*

A. Name:_____

B. Address:

C. Phone: _____ email:

D. Applicant's Interest (owner, contractor, tenant, etc.):

III. Proposed Use:

IV. Property History:

a. Existing Use: _____

b. Any Previous Land Development or Building/Zoning Approvals:

V. Zoning District: _____

VI. Tract Acreage: _____ Acres

VII. Building Area : _____ Square Feet

VIII. Project Description: _____

Applicant Signature:

Date
