

Springfield Township Application for Zoning Approval – Certificate of Occupancy

1. Name of Property Owner _____ Phone# _____

Address _____

email: _____ Fax: _____

2. Name of Applicant/Tenant _____ Phone# _____

Address _____

email: _____ Fax: _____

3. Site Address _____

4. Tax Parcel #: _____

5. Proposed Use(s) as defined in Springfield Township Zoning Ordinance _____

6. Property History:

- a. Previous Occupant _____
- b. Previous Use: _____
- c. Land Development/ Subdivision Approvals: _____
- d. Building Permit Approvals: _____
- e. Previous Modifications or Variances: _____

7. Zoning District _____

I hereby acknowledge that the above information is true and correct to the best of my knowledge and I will comply with all provisions of the Township Ordinances and Laws of the Commonwealth of Pennsylvania, and obtain all permits as required by law.

_____ Applicant

_____ Date

_____ Print Name

OFFICIAL USE ONLY

Permitted Use:	Referred to: ZHB PC Supv
Date Issued:	Notes:

