

Springfield Township
Zoning Permit Application

PERMIT # _____

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 Construction:

- A. Build a Home
- B. Establish a Business
- C. Erect a Sign
- C. Construct a Building
- D. Alter A Building
- E. Mobile Home
- F. Construct an Addition
- G. Construct an Accessory Building
- H. Other

Describe: _____

Serial #: _____

Model/ Year: _____

1. Description of What is being Built

2. Number of Bedrooms: _____

Other Information: _____

Estimated Start Date:	Estimated Completion Date:	Estimated Construction Costs:
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IV. Zoning/ Building Permit:

A. Lot:

Road Frontage:	Setback from RoW:	Side Yard Setback: Side Yard Setback:
Rear Yard Setback:	Lot size:	

B. Proposed Structure:

Height:	Length:	Width:
No. of Stories:	Type of Siding:	

C. Existing Structures:

Height:	Length:	Width:
No. of Stories:		

D. Type of Foundation:


- Full Basement Slab Crawlspace None
 Partial Basement Size: _____ (Length, Width height)
 Piers, Type: _____


E. Sewage Information:

Property is served by On lot sewage Public Sewage
Sewage Permit Number: _____ Date of Issuance _____
N/A, Explain: _____

F. Land Development Information:

Land Development Approval Date: _____
Plan Name: _____

 **Note: all new construction other than single family homes on single lots must have land development approvals prior to issuance of the zoning permit.**

 **A plot plan must be attached showing the lot with any existing structures as well as the new structure. Distances to property lines must be shown as well. (If property lines are over 50 feet away, it can be so noted on the plan.) All dimensions of the structure and setbacks must be shown.**

V. Contractor Information:

A. Contractor Name: _____

B. Contractor Address: _____

C. Contractor Phone: _____ e-mail: _____

Certificate of Worker’s Compensation Insurance Attached

Contractor is Exempt

Worker’s Compensation Insurance Information Form for Exemption Must be Attached

Homeowner is Contractor - NO INSURANCE REQUIRED

Certification:

A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

Name (PLEASE PRINT)

Date

Signature

For Township Use Only

Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Fee Pd	Application Rec’d
Appl. Reviewed	Appl. Complete	PC Review Date
ZHB Review Date	Supv. Review Date	Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date
		Signature:
Comments:		

