



APPLICATION FOR A ZONING CHANGE

Ref: _____ Date: _____

Property Address: _____

Parcel Number: _____ Assessor Number: _____

Occupant: _____

Present Zoning Classification: _____ Proposed Zoning: _____

Proposed Use: _____

Applicant/Agent: _____ Phone #: _____

Address: _____

Property Owner: _____ Phone #: _____

Address: _____

For notice of public hearings, provide fax #: _____

Legal Description of Subject Property (or attach copy): _____

The undersigned state(s) that this Application is true, accurate and complete with all required documentation. Springfield Township relies on the completeness, relevancy, and accuracy of the Zoning Change Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Zoning Change approval. All provisions of the Springfield Township Zoning Resolution shall apply to all Applications, including Section 27.

Signature of Applicant(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____

Please return the original application with all documents, along with the application fee to:
Springfield Township Zoning Department
7617 Angola Road
Holland, OH 43528
Phone: 419.865.0239 Fax: 419.868.1413

OFFICE USE ONLY:

Received By: _____ Date: _____ Fee: _____

Receipt #: _____ Check #: _____