



CONDITIONAL USE

Ref: _____ Date: _____

Property Address: _____

Parcel Number: _____ Assessor Number: _____

Occupant: _____

Present Zoning Classification: _____

Conditional Use Requested: _____

Applicant/Agent: _____ Phone #: _____

Address: _____

Property Owner: _____ Phone #: _____

Address: _____

For notice of public hearing, provide fax # or e-mail: _____

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 Conditional Use Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Conditional Use approval. All provisions of the Springfield Township Zoning Resolution shall apply to all Applications.

Signature of Applicant(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____

Please return the original application with all documents (including a site plan showing the lot, building(s) size, location, standard setbacks, drives, structures, natural features, and any changes associated with the Conditional Use) along with the application fee to:

Springfield Township Zoning Department
7617 Angola Road
Holland, OH 43528

Phone: 419-865-0239 Fax: 419-868-1413 Website: www.springfieldtownship.net

OFFICE USE ONLY:

Received By: _____ Date: _____ Fee: _____

Receipt #: _____ Check #: _____