

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 _____ Suite # _____
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: