

CONDITIONAL USE APPLICATION

**S P R I N G F I E L D T O W N S H I P
M E R C E R C O U N T Y , P E N N S Y L V A N I A**

Address of Property _____

County Assessor's Tax Map Parcel Number _____

Acreage of Property _____

Present Use of Property _____

Zoning Classification of Property _____

Proposed Use of the Property _____

Name of Applicant _____

Address of Applicant _____

Telephone No. _____ E-mail Address _____

Name of Landowner _____
(If different than Applicant)

Address of Landowner _____

Telephone No. _____ E-mail Address _____

NOTE: If the applicant is not the landowner, an option agreement or other evidence of authorization to act on behalf of the landowner must be submitted with the conditional use application.

**THE PERSON WHO HAS AUTHORITY TO REPRESENT APPLICANT/OWNER WITH WHOM
PRIMARY CONTACT SHOULD BE MADE ON THIS PLAN:**

Name _____

Address _____

Telephone No. _____ E-mail Address _____

