

MERCER COUNTY  
**SPRINGFIELD**

**TOWNSHIP, EST 1805**

406 Old Ash Road, Mercer PA 16156  
Phone: 724-748-4999 FAX: 748-4439  
pwimer@springfield-mercer.org

**CONDITIONAL USE APPLICATION**

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 \_\_\_\_\_

Has there been a previous application for a conditional use submitted for this property?  
\_\_\_\_ Yes \_\_\_\_ No.

If yes, give date when said previous conditional use was submitted and the results (granted or denied). \_\_\_\_\_  
\_\_\_\_\_

Does applicant consent to on-site observation by Township Officials and/or appointees?  
\_\_\_\_ Yes \_\_\_\_ No

Written Statement of Compliance with Applicable Standards and Criteria of Township Zoning Ordinance: Enclosed \_\_\_\_ Yes \_\_\_\_ No

**Verification & Acknowledgement**

I, \_\_\_\_\_, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief, and I acknowledge that the applicant shall be responsible for payment of all review fees charged to the township for this application.

\_\_\_\_\_  
Signature of Applicant Date

---

**TOWNSHIP OFFICE USE ONLY**

Date application received by Borough: \_\_\_\_\_

Application Fee Paid? \_\_\_\_ Yes \_\_\_\_ No

Date Application Fee Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Application # \_\_\_\_\_