

Springfield Township Zoning Variance Request

I, _____ of _____,
(Name) (Mailing Address)

request a variance from the requirements of section _____ of the
Springfield Township Zoning Ordinance # 2-2001, for the property at _____
_____, tax parcel number _____.

Zoning District : _____

Variance is related to: Area Frontage Setbacks Height Other

Have any previous variances been granted to this property? Yes No

Description of the variance requested:

Reasons that this request should be granted, grounds for appeal or reasons with respect to both
law and fact for granting the variance (attach additional sheets if necessary):

The following are the names and addresses of owners of property adjacent to the property involved in this request:

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Complete only if Applicant is not Owner

Applicant Name: _____

Applicant Interest: _____

Applicant Address: _____

Applicant Phone: _____

Attach plot plan sketch of property with proposed structure or sign as well as other improvements on the property and any further explanation you wish to provide.

Certification:

- A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

(Applicant)

(Date)



For Administrative Use Only

Hearing Advertisement Date(s) _____ Hearing Date: _____

Date of Decision of Board _____