

MERCER COUNTY  
**SPRINGFIELD**  
TOWNSHIP, EST 1805  
406 Old Ash Rd., Mercer, PA 16137  
Ph. 724-748-4999 Fax 724-748-3859

**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:

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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):

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

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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)

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**For Administrative Use Only**

Hearing Advertisement Date(s) \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Date of Decision of Board \_\_\_\_\_