



## CONDITIONAL USE

Ref: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Assessor Number: \_\_\_\_\_

Occupant: \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

Conditional Use Requested: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

For notice of public hearing, provide fax # or e-mail: \_\_\_\_\_

Legal Description of Subject Property (or attach copy): \_\_\_\_\_

The undersigned state(s) that this Application is true, accurate and complete with all required documentation. Springfield Township relies on the completeness, relevancy, and accuracy of the Conditional Use Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Conditional Use approval. All provisions of the Springfield Township Zoning Resolution shall apply to all Applications.

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please return the original application with all documents (including a site plan showing the lot, building(s) size, location, standard setbacks, drives, structures, natural features, and any changes associated with the Conditional Use) along with the application fee to:

Springfield Township Zoning Department  
7617 Angola Road  
Holland, OH 43528

Phone: 419-865-0239 Fax: 419-868-1413 Website: [www.springfieldtownship.net](http://www.springfieldtownship.net)

OFFICE USE ONLY:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_