



## APPLICATION FOR A ZONING CHANGE

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

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

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

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

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

Proposed Use: \_\_\_\_\_

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

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

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

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

For notice of public hearings, provide 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 Zoning Change Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Zoning Change approval. All provisions of the Springfield Township Zoning Resolution shall apply to all Applications, including Section 27.

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

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

Please return the original application with all documents, along with the application fee to:

Springfield Township Zoning Department  
7617 Angola Road  
Holland, OH 43528  
Phone: 419.865.0239 Fax: 419.868.1413

OFFICE USE ONLY:

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

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