



Springfield Township
Clark County, OH
2777 Springfield-Xenia Rd.
Springfield, OH 45506
Ph: 937-322-3459
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CONDITIONAL USE APPLICATION

** FOR OFFICE USE ONLY **

Application # BZA - _____ - _____

Meeting Date ____ / ____ / ____

Zoning Fee \$ _____

Fee Paid

8/3/2015

Site Address _____

Parcel Number _____

Property Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Owner's E-Mail Address _____ Phone Number ____ / ____ / _____

Give a brief description of the existing use of the property:

Explain the necessity or desirability of the proposed use to the neighborhood or community.

Explain how the proposed use would be compatible to adjacent property and land use.

Provide a site plan showing the following:

1. Lot lines and all existing and proposed structures on the subject property.
2. Existing and proposed access points.
3. All existing and proposed easements and rights-of-way.
4. Bodies of water, existing drainage ways and locations (if proposed to relocate).
5. Relationship to adjoining properties.

FILING FEE: A fee of \$225, which is non-refundable, must be paid before this Conditional Use Application can be accepted. Make checks payable to "Springfield Township". Said application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

APPLICANT'S CERTIFICATION

I/We, _____

being the owner(s) or lessee(s) of the aforesaid property, submit this Conditional Use Application and affirm that the information provided is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this Conditional Use Application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application.

SIGNATURE: _____

DATE: ____ / ____ / ____

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal.

Signature of Notary

DATE: ____ / ____ / ____

Date Commission Expires