



Springfield Township
 Clark County, OH
 2777 Springfield-Xenia Rd.
 Springfield, OH 45506
 Ph: 937-322-3459
 Fax: 937-322-9934

ZONING CERTIFICATE APPLICATION

* FOR OFFICE USE ONLY *

Application # _____

Zoning Fee \$ _____

Fee Paid

8/3/2015

A Plot Plan MUST be submitted with this application. Refer to Clark County Auditor's GIS: <http://gis.clarkcountyauditor.org>.

Site Address (if no site address, enter Parcel Number) _____

Township _____

Property Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

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

Contractor's Name _____

Contractor's Address _____ Phone Number _____ / _____ / _____

Give a brief description of the proposed project:

Estimated Cost: \$ _____

Size of the new building or structure:

Height: _____ Sq. Footage: _____ Dimensions: _____

The undersigned is applying for a Zoning Certificate for the use(s) stated herein and certifies that all information on this Application and Plot Plan, as well as any additional information provided, is correct. The undersigned must be the property owner or an authorized representative of the property owner.

SIGNATURE: _____ DATE: ____ / ____ / _____

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Zoning _____ Flood Plain _____ Thoroughfare ROW _____ Airport Zoning _____ OS Overlay _____

Other _____

FRONT (from ROW line) _____ SIDE (least width) _____ REAR _____
 (from centerline) _____ (sum of both) _____