



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

ZONING TEXT AMENDMENT APPLICATION

* FOR OFFICE USE ONLY *

Application # _____

Zoning Fee \$ _____

Fee Paid

8/3/2015

A. APPLICANT INFORMATION

Applicant must be the current owner of record of the property requested for rezoning, a lessee of the property requested for rezoning, or an agent who possesses "Power of Attorney" from the owner or lessee.

NAME _____ Phone Number ____ / ____ / ____

Mailing Address _____

E-Mail Address _____

B. CONTACT PERSON

This is the person to respond to inquiries and receive all correspondence concerning the rezoning. If the Applicant noted above will serve as the contact person, write "SAME" in the place of the name below.

NAME _____ Phone Number ____ / ____ / ____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

C. ZONING TEXT AMENDMENT REQUEST *(include additional page if necessary)*

Article _____, Section _____

Brief summary* of the proposed amendment: _____

* The proposed zoning text amendment, in its entirety, must be submitted with this application.

D. FILING FEE A filing fee of (\$375 for Residential; \$500 for Commercial), which is non-refundable, must be paid before the Rezoning 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.

E. APPLICANT CERTIFICATION 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.

_____ Date ____ / ____ / ____

Signature of Applicant