

**SPRINGFIELD TOWNSHIP ZONING
RESIDENTIAL PERMIT APPLICATION**

The applicant is required, in addition to this form to **submit a site plan & elevation** drawn to legible scale showing the actual location and dimensions of the proposed structure or alterations. The property owner is responsible for the accuracy of property line locations.

Site location - Allotment Name: _____ Lot # _____

Address: _____ Parcel # _____

Owner's Name: _____ **Phone #** _____

Applicant's Name: _____ **Phone #** _____

Applicant's Address _____

Contractor Name _____ Phone # _____

Existing Use: _____ **Current Zoning:** _____

Proposed use: _____ Deck _____ Storage Bldg. _____ Detached Garage _____ Addition to Existing Structure
_____ New Dwelling _____ Two Family Dwelling _____ Pool _____ Other (Describe) _____

Dimensions of Proposed Building: Length: _____ Width: _____ Height from Grade: _____

Describe in Detail: _____

Sewage System Type: Sewer: _____ Septic: _____ Permit #: _____

***NOTE: Summit County Health District approval needed for residents with septic systems prior to Springfield Twp Zoning Approval**

Distance to Structure from Property Lines, Right of Way or Center Line of Road (Circle One)

Front Yard: _____ Rear Yard: _____ Right Side: _____ Left Side: _____

Lot Size: Width: _____ Depth: _____ Area: _____ s.f. Percentage of Lot Occupied: _____

Actual Living Area: _____ s.f. Garage: _____ s.f. Basement: _____ s.f. Accessory Bldg: _____ s.f.

NOTE: THIS PERMIT SHALL BECOME VOID ONE (1) YEAR FROM DATE OF APPROVAL

The undersigned hereby applies for a zoning permit for the following use as provided on this form. The applicant hereby certifies that all information and attachments to this application are true and correct.

Applicant's Signature: _____ **Date:** _____

OFFICIAL USE ONLY

PERMIT #: _____

Date Received: _____ Date of Action: _____ Approved Denied FEE \$ _____

Zoning Administrator's Signature: _____