SPRINGFIELD TOWNSHIP ZONING
COMMERCIAL PERMIT APPLICATION

The undersigned hereby applies for a zoning permit for the following use based on the information provided on this form. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required in addition to the information requested on this form, to submit a plot plan, drawn to a legible scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing structures on the lot, and the location and dimensions of the proposed structure or alterations thereto.

Name of Applicant:_____**Business Name:**_____
Mailing Address:_____
Site Address:_____ **Lot#**_____
Home Telephone:_____**Business Telephone:**_____

Owner's Name_____
Mailing Address_____
Home Telephone _____ **Business Telephone:**_____

Existing Use _____ **Current Zoning**_____

Proposed Use: New Construction Addition Accessory Structure Temporary Structure Land Disturbance
Parking Lot Expansion New Entrance/Exit Driveways Other_____
Describe in Detail:_____
_____
_____

Type of Sewage Disposal: Sewer Septic Permit # _____

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

Commercial Floor Area _____**s.f. Industrial Floor Area** _____**s.f. Office Floor Area**_____**s.f**

Building Height: Stories _____ **Feet** _____ **Accessory Building Dimensions: Height** _____ **Size** _____ **s.f.**

Front Yard Setback to Building _____ **Rear Yard Setback** _____**Side Yard Setbacks: Left** _____**Right** _____

Number of Off Street Parking Spaces Provided _____ **Number of Off Street Loading Berths Provided**_____

The following reviews and/or approvals must be received before the Springfield Township Zoning Department will issue a permit:

- **Summit Soil & Water Conservation District – 330-392-2871**
- **Summit County Combined General Health District – 330-923-4891**
- **Summit County Engineer – 330-643-2850**
- **Summit County Department of Environmental Services – 330-926-2434**
- **Springfield Township Fire Department – 330-734-4130**

Applicant's Signature _____ **Date**_____

OFFICIAL USE ONLY

Date Received _____ **Date of Action** _____ **Approved / Denied Fee $**_____

Reason For Denial_____
_____

_____ **Zoning Inspector's Signature**

********NOTE: THIS PERMIT SHALL BECOME VOID IF WORK IS NOT STARTED WITHIN SIX (6) MONTHS OR NOT COMPLETED WITHIN ONE (1) YEAR.**