

MERCER COUNTY
SPRINGFIELD
TOWNSHIP, EST 1805

406 Old Ash Road, Mercer, PA 16137
Ph. 724-748-4999 Fax 724-748-3859
risbuildingpermits@gmail.com

Address of Property: _____

Tax Parcel ID: _____

Property Size: _____ Zoning District: _____

Present Use of Property: _____

Proposed Use of Property: _____

Reasoning for Variance/ **Conditional Use Application**: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____ E-Mail: _____

Name of Property owner (if different than applicant): _____

Property Owner Address: _____

Phone Number: _____ E-Mail: _____

NOTE: If the applicant is not the landowner, an option agreement or other evidence of authorization to act on behalf of the landowner must be submitted with the Conditional Use Application.

**THE PERSON WHO HAS AUTHORITY TO REPRESENT APPLICANT/OWNER
WITH WHOM PRIMARY CONTACT SHOULD BE MADE ON THIS PLAN:**

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Has there been a previous application for a cond./variance submitted for this property? Y N

If yes, give date when said previous cond.use/variance was submitted and the results: _____

Does applicant consent to on-site observation by Township Officials and/or appointees? Y N

Written statement of Compliance with Applicable Standards and Criteria of Township Zoning Ordinance: Enclosed- Y N

Verification

I, _____, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief.

Signature of Applicant

Date

Township Office Use Only

Date Received: _____

Fee Paid: _____

Application #: _____