

Springfield Township
Zoning Permit Application

PERMIT # _____

I. Property Owner Information:

- A. Property Owner's Name: _____
- B. Property Address where work is performed: _____

- C. Owner's Address: _____
- D. Owner's Phone: _____ email: _____
- E. Best time to call: _____
- F. Zoning District: _____
- F. Tax Map & Parcel Number: _____

II. Applicant Information: *(Complete only if different than information above)*

- A. Name: _____
- B. Address: _____
- C. Phone: _____ email: _____
- D. Applicant's Interest (owner, contractor, tenant, etc.): _____

III. Proposed Construction:

- A. Build a Home ☐ Number of Bedrooms: _____
- B. Establish a Business ☐
- C. Construct a Non-Residential Building ☐
- D. Construct an Accessory Building ☐
- E. Alter A Building ☐
- F. Mobile Home ☐ Serial#: _____ Model/ Year: _____
- G. Construct an Addition ☐
- H. H. Other ☐

Description of What is being Built

Other Information: _____

Estimated Start Date:	Estimated Completion Date:	Estimated Construction Costs:

IV. Zoning/ Building Permit:

A. Lot:

Road Frontage:	Setback from Road Right of Way:	Side Yard Setback: Side Yard Setback:
Rear Yard Setback:	Lot size:	

B. Proposed Structure:

Height:	Length:	Width:
No. of Stories:	Type of Siding:	

C. Existing Structures:

Height:	Length:	Width:
No. of Stories:		

D. Type of Foundation:

- ☐ Full Basement ☐ Slab ☐ Crawlspace ☐ None
- ☐ Partial Basement Size: _____ (Length, Width height)
- ☐ Piers, Type: _____

E. Sewage Information:

Property is served by ☐ On lot sewage ☐ Public Sewage

Sewage Permit Number: _____ Date of Issuance _____

N/A, Explain: _____

F. Land Development Information:

- ☐ Land Development Approval Date: _____
- Plan Name: _____



Note: all new construction other than single family homes on single lots must have land development approvals prior to issuance of the zoning permit.



A plot plan must be attached showing the lot with any existing structures as well as the new structure. Distances to property lines must be shown as well. (If property lines are over 50 feet away, it can be so noted on the plan.) All dimensions of the structure and setbacks must be shown.

V. Contractor Information:

A. Contractor Name: _____

B. Contractor Address: _____

C. Contractor Phone: _____ e-mail: _____

☐ **Certificate of Worker's Compensation Insurance Attached**

☐ **Contractor is Exempt**

Worker's Compensation Insurance Information Form for Exemption Must be Attached

☐ **Homeowner is Contractor - NO INSURANCE REQUIRED**

Certification:

- A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

Name (PLEASE PRINT)

Date

Signature

For Township Use Only

Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Fee Pd	Application Rec'd
		PC Review Date
ZHB Review Date	Supv. Review Date	Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date
		Signature:
Comments:		

NOTICE OF BUILDING

District: **Springfield Township**

Map Number: 29-_____

Building Notice Number: _____

Date: _____

Name of Applicant Address Phone

Building Site Address (If Different)

Name of Property Owner (If Different) Address Phone

1. PURPOSE OF NOTICE: ☐ New Construction ☐ Addition ☐ Alteration

2. TYPE OF BUILDING:

☐ House ☐ Garage ☐ Farm Building - Type: _____
☐ Duplex ☐ Porch ☐ Industrial - Type: _____
☐ Apartment ☐ Patio ☐ Commercial - Type: _____
☐ Swimming Pool ☐ In Ground ☐ Above Ground
☐ Other – Type: _____

☐ Mobile Home _____ Year _____ Width _____ Length _____

Mobile Home Name _____ Serial Number _____

3. LOT SIZE: Length _____ Width _____ Acres _____

4. BUILDING SIZE: Length _____ Width _____ Total Area _____

Height _____ Number of Stories: _____

5. BASEMENT: ☐ Full ☐ Partial ☐ Finished ☐ Unfinished ☐ Slab ☐ Other ☐ None

6. CONTRACT OR ESTIMATED VALUE: \$ _____

7. STARTING DATE: _____ **ESTIMATED COMPLETION DATE:** _____

I, the undersigned do hereby certify that the above information is true and correct.

Applicant Signature

Date