

APPLICATION FOR SITE PLAN REVIEW
Please Review Instruction Page Before Completing

1) Applicant:

Name: _____
Address: _____
City, State, Zip: _____
Phone: Home _____ Office _____
E-mail: _____
Interest: _____

2) All Parties Of Interest (Title Holder, Contract Purchaser, Partners): Include for each.

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

3) Designer: (Registered Engineer, Architect, Surveyor, Landscape Architect or Planner)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

4) Other Consultants:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
E-mail: _____ E-mail: _____

5) General Property Information and Description:

General Location: _____
Acreage: _____
Sidwell Number: **07-** _____
Legal Description: _____
(attach metes and bounds description where applicable)

6) Current Zoning: _____

7) Purpose Of Request And Intended Use:

CERTIFICATION: I hereby certify that I have reviewed the Springfield Township Zoning Ordinance and Design & Constructions Standards, and agree to comply with those requirements. I have also read and understand the Instructions to Applicant. I understand that the fee entitles me to reviews of the original plan and one revision. Each additional revision will require a fee of 50% of the original.

I hereby grant permission to any township official, consultant or employee to access the property in order to review the site plan submitted.

Signature of Applicant: _____ Date _____

(Print Name)

Signature of Owner: _____ Date _____

(Print Name)

Signature of Applicant Representative _____ Date _____

(Print Name)

For Township Use Only		File No. _____
CONCEPT []	Date Received _____	Fee \$ _____
Third Review Fee \$ _____	Fourth Review Fee \$ _____	
FINAL []	Date Received _____	Fee \$ _____
Third Review Fee \$ _____	Fourth Review Fee \$ _____	