

SPRINGFIELD TOWNSHIP

York County, Pennsylvania

SPECIAL EXCEPTION

HEARING APPLICATION

PROPERTY OWNER Name _____ Address _____ Phone _____	Identification	AGENT (If other than owner) Name _____ Address _____ Phone _____
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PROPERTY IDENTIFICATION _____

To the Zoning Hearing Board:

I/we the undersigned applicants, hereby apply to the Zoning Hearing Board of the Township of Springfield to schedule and hold a public hearing for the purpose of reviewing this application for a Special Exception pursuant to Section _____ of the Zoning Ordinance. The proposed use is described in detail upon Building Permit Application No. _____, dated _____. I/we submit the following additional information and opinions in support of our application. I/we believe the proposed use to be:

1. In harmony with the objectives and proposals of the Township Comprehensive Plan for the following reasons(s): _____
2. Compatible with the character of the neighborhood for the following reason(s) _____
3. Suitable for the property in question for the following reason(s): _____
4. Adequately served by the following services and utilities: () Water () Electricity () Sewer () Waste Collection
If any service is not or cannot be provided, why not? _____
5. Not detrimental to traffic safety nor to be a cause of street congestion for the following reasons _____
6. To be in conformance with all applicable zoning requirements as well as other applicable Township and State regulations. If not, state any variations or deviations and the reasons therefor: _____
7. Consistent with all specific standards and criteria as required by the Zoning Ordinance in Section(s) _____

Standard	Provisions for Compliance
_____	_____
_____	_____
_____	_____
_____	_____

I/we hereby certify that all of the above statements and the data and plans contained in any documents submitted herewith are true to the best of my/our knowledge and belief.

Signature of Applicant(s)