

**SPRINGFIELD TOWNSHIP ZONING COMMISSION**  
**INSTRUCTIONS FOR FILING APPLICATION FOR ZONING TEXT AMENDMENT**

Application # \_\_\_\_\_

Fee - \$500.00 – Non-Refundable  
Type or Print

- 1) Name of Applicant: \_\_\_\_\_
- 2) Address of Applicant: \_\_\_\_\_
- 3) Phone Number: Residence \_\_\_\_\_ Business \_\_\_\_\_
- 4) Location & Address of property which might be affected by change: \_\_\_\_\_

- 5) Name of Property Owner: \_\_\_\_\_
- 6) Address of Property Owner: \_\_\_\_\_
- 7) Phone Number: Residence \_\_\_\_\_ Business \_\_\_\_\_
- 8) Present Text Section(s) Effected:  
\_\_\_\_\_

9) Attach as part of this application ten (10) copies of the proposed text change stating specific words to be deleted and/or added.

10) The existing text is unreasonable because: (attach additional pages if necessary)

11) The text amendment would be better because: (attach additional pages if necessary)

The above information and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date