

# SUMMERFIELD TOWNSHIP ZONING APPLICATION

**APPLICATION FOR: Rezoning , Site Plan Review, Planned Unit, Development, Special Land Use, Variance**

This application will not be accepted if incomplete. All required documents must be submitted at least 30 days prior to the Planning Commission meeting and 15 days prior to the Board of Appeals meeting. All fees are NON-REFUNDABLE. Checks should be made payable to Summerfield Township.

## APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

## OWNER INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

## PROPERTY INFORMATION

ADDRESS OR LOCATION \_\_\_\_\_

PERMANENT PARCEL # \_\_\_\_\_

PROPERTY SIZE \_\_\_\_\_

## DESCRIPTION OF PROPOSED USE/REQUEST AND DRAWING

\_\_\_\_\_

(Use other side or attach additional pages as necessary.)

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I hereby grant permission for members of the Summerfield Township Board of Trustees/Zoning Administrator/Zoning Board of Appeals, to enter the above described property for the purposes of gathering information related to this application/request/proposal. (Note to Applicant: This is optional and will not affect any decision on your application.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE \*\*\*\*\*  
\*\*\*For Township Use Only\*\*\*

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_

Submitted Documents \_\_\_\_\_ Site Plan \_\_\_\_\_ Application \_\_\_\_\_ Legal Description \_\_\_\_\_

Application Accepted by \_\_\_\_\_