

SPRINGFIELD TOWNSHIP APPLICATION FOR CERTIFICATE OF CONFORMANCE

Springfield Township Offices
2459 Canfield Road, Akron, Ohio 44312 • 330-794-0134

Business Owner's Name: _____

Business Owner's Mailing Address (no P.O. Boxes): _____

Home Telephone: _____ Business Telephone: _____

Certificate of Conformance requested for the address at: _____

Business Name: _____ Property Owner's Name: _____

Property Owner's Address: _____

Mailing Address of Property Owner (No PO Box): _____

Home Telephone: _____ Business Telephone: _____

Current Zoning District: _____ Parcel Number: _____

Certificate of Occupancy # : _____ (May be obtained from the property owner or Summit County Department of Building Standards (SCDBS). If no certificate exists or is not valid one must be obtained.)

Application Type (Check all that apply)

- New use in a new building New use in an existing building Other
- Change of use in an existing building Change of occupant in an existing building (same use)

The building or unit is to be used for the following purpose(s) – check all that apply

- Retail Wholesale Recreational General Office Industrial
- Restaurant Warehouse Auto Repair Personal Service Other

Description of business: _____

Site Data (a site plan showing the lot, dimensions & location of any structures, setbacks, parking and landscaping is required)

Estimated completion date of any construction: _____

Square footage of building/unit: _____ Square Footage of area to be open for public use: _____

Parking spaces provided: _____ No. of full time employees: _____ No. of part time employees: _____

New signs needed? _____ Changes to existing signs? [1] _____ Changes to landscaping? _____ Parking changes? _____

On site processing/assembly? _____ Chemicals in 50 gal + quantities? _____ Other on site changes? _____

If yes to the above please explain _____

***** You may need to apply to the Board of Zoning Appeals if your business will include any outdoor storage/sale of goods. *****

I hereby certify that all the information provided on this application is true and accurate.

Applicant Signature: _____ Date: _____

