

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

In order to process your application as soon as possible after filing, the following requirements are detailed for your convenience:

- A. Applications must be **completed in their entirety.** Application forms must be **typed** or **legibly handwritten** and **notarized.** If the person filing the application is not the owner of the property, an affidavit of ownership must be signed, notarized, and filed with the application. **Ten (10) copies of the entire application, including any drawings or maps, must be submitted with this application when it is completed and returned with payment.**
- B. After filing the application for a zone change with the Zoning Commission, you will be notified by certified mail of the date, time, and place of the public hearing. **The presence at the hearing of the applicant and/or his agent is mandatory.**
- C. In the event an application lacks sufficient information or the Zoning Commission desires more information, the application may be returned to the applicant for additional information or the hearing continued to a later date. Upon return of the application, the Zoning Commission will decide the time, date, and place of the hearing and the applicant will be notified by certified mail of the new hearing date.
- D. A **\$500.00 filing fee shall accompany the application for a Zoning Amendment at the time of filing. All additional costs of the hearing, but not limited to, certified notification, legal counsel, stenography, recording fees, expert witnesses and transcript must be received within 10 days of the Trustees decision.** Checks are to be made payable to the Springfield Township Board of Trustees.
- E. The reason for requesting the zoning amendment must be stated. If the intended use is known and has been planned, this information is helpful in the appraisal of the proposition. If the purpose is to match existing area land uses, or if the purpose is to change the value of the land, then this should also be stated.
- F. If the proposed amendment intends to rezone or redistrict ten (10) or fewer parcels of land, Ohio State Law requires that public hearing notices be sent by First Class mail to all adjacent property owners of the affected area. Therefore, **ten (10) copies of the map of the area involved must be submitted with the application.** The area appealed must be marked on the map with diagonal lines. If the land involved does not follow existing property lines shown on the map, then the boundaries of the land involved must be drawn to scale on the map copies and marked with diagonal lines as described above. The typed description and/or a copy of the deed description of the land involved should accompany the application. Also include street address numbers of any existing structures on the land. Adjacent property owners, including across the street, must be submitted with the application by marking A, B, C, etc. as shown on the accompanying diagram. The names and mailing addresses of adjacent property owners must be listed on the application in the space provided A, B, C, to correspond with letters shown on the map and on the application. Property owner information may be obtained in the Auditor's Division in the Ohio Building in downtown Akron, at 175 S. Main St., Akron, OH, or by calling them directly at (330) 643-2632 or by accessing the Summit County GIS Mapping web page @ [www.co.summit.oh.us](http://www.co.summit.oh.us).

**APPLICATION FOR TOWNSHIP ZONING AMENDMENT  
SPRINGFIELD TOWNSHIP ZONING COMMISSION**

Application No. \_\_\_\_\_

Filed \_\_\_\_\_

ZONING COMMISSION  
SPRINGFIELD TOWNSHIP  
2459 CANFIELD RD.  
AKRON, OHIO 44312

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner(s) of premises affected \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Lessee of premises affected \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of Lessee \_\_\_\_\_

-----  
To the Township Zoning Commission and Township Board of Trustees:

I hereby make application and request the Township Zoning Commission to consider and petition Township Trustees to amend the Zoning Resolution as hereinafter requested this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Premises affected \_\_\_\_\_  
(Address)

From: \_\_\_\_\_  
(Existing Zoning District)

To: \_\_\_\_\_  
(Zoning District Requested)

**NOTE: An accurate legal description of the property proposed for rezoning must also be submitted with this application.**



**QUESTIONNAIRE**

1. Has any previous amendment been filed with the Zoning Commission on these premises?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, when? \_\_\_\_\_

2. How long has present owner held title to the property? \_\_\_\_\_

3. Is there a school, church, or hospital in the same street-block, or within 200 feet of the premises in question?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is there any case pending in court involving the use of the premises or the ownership thereof?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises:

Yes \_\_\_\_\_ No \_\_\_\_\_. If so, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

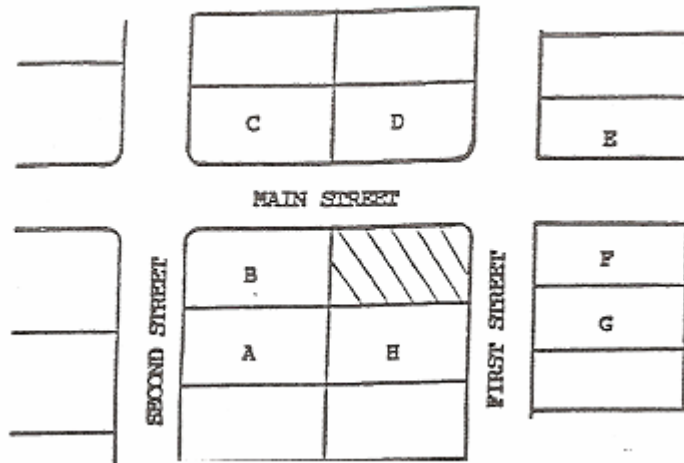
6. Are you to be represented by an attorney in this matter:

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give name and address. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The land for which a zoning change is requested must be marked on the map with diagonal lines, and must show properties adjoining and across the street there from, including any residents in bordering municipalities by marking A, B, C, etc. as shown on the accompanying diagram. The names and addresses of adjoining property owners must be listed on the application in the space provided in A, B, C, order to correspond with letters shown on the map and on the application.

-----  
 Example:



Note: This sketch may not reflect the exact configuration of your property or adjacent properties. It is intended to serve only as a guide to help determine which properties may be adjacent to your for notification purposes. Do not use this sketch for your map that is required as a part of this application.

Please list all the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this zoning amendment (Check from tax records if not known). Add additional sheet if necessary.

<u>Name</u>	<u>Address and Tax Mailing address if different</u>
A.	_____
B.	_____
C.	_____
D.	_____
E.	_____
F.	_____
G.	_____
H.	_____
I.	_____
J.	_____

**ZONING AMENDMENT TRACKING REPORT**

**For Office Use Only  
(Planning Commission)**

**Springfield Township Zoning Commission**

**Date Filed:** \_\_\_\_\_ **Date of Notice in Newspaper:** \_\_\_\_\_

**Date of Notice to Adjacent Property Owners:** \_\_\_\_\_

**Date Submitted to Summit County Planning Commission:** \_\_\_\_\_

**Date of Public Hearing:** \_\_\_\_\_ **Fee Paid \$** \_\_\_\_\_

**Recommendation of Zoning Commission:** Approval \_\_\_\_\_ Denial \_\_\_\_\_

**Reason for Recommendation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Zoning Commission Chairman**

\_\_\_\_\_  
**Chairman**

-----

**For Office Use Only  
(Legislative Authority)**

**Date of Recommendation Received:** \_\_\_\_\_

**Date of Notice in Newspaper:** \_\_\_\_\_ **Date of Public Hearing:** \_\_\_\_\_

**Action by Legislative Authority:** Approval \_\_\_\_\_ Denial \_\_\_\_\_

**Approval with Modification** \_\_\_\_\_

**If Denied or Modified, Reason for Action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Fiscal Officer**