

RICHFIELD TOWNSHIP
APPLICATION FOR A SPECIAL USE

Ref: _____ Date: _____

Property Address: _____

Parcel Number: _____ **Assessor Number:** _____

Occupant: _____

Present Zoning Classification: _____ **Proposed Zoning:** _____

Special Use Requested: _____

Applicant/Agent: _____ **Phone #:** _____

Address: _____

Property Owner: _____ **Phone #:** _____

Address: _____

Legal Description of Subject Property (or attach copy): _____

The undersigned state(s) that this Application is true, accurate and complete with all required documentation. Richfield Township relies on the completeness, relevancy, and accuracy of the Special Use Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Special Use approval. All provisions of the Richfield Township Zoning Resolution shall apply to all Applications, including Section 6.

Signature of Applicant(s): _____ **Date:** _____

Signature of Owner(s): _____ **Date:** _____

Please return the original application with all documents (including a site plan showing the lot, building(s) size, location, standard setbacks, drives, structures, natural features, and any changes associated with the Special Use) along with the application fee to:

Richfield Township Zoning Department
3951 Washburn Rd.
Berkey, OH 43504
Phone: 419.8292781 Fax: 419.8293289

OFFICE USE ONLY:

Received By: _____ Date: _____ Fee: _____

Receipt #: _____ Check #: _____

Revised 4/9/2008