



CITY OF Springfield

****PHONE 269-965-3880 FAX 269-965-0114****

SITE PLAN REVIEW APPLICATION

GENERAL INFORMATION

APPLICANT'S NAME	TELEPHONE NUMBER
ADDRESS	
PROPERTY OWNERS NAME	TELEPHONE NUMBER
LOCATION OF PROJECT	PROPERTY NUMBER
EXISTING ZONING	
EXISTING LAND USE	

PROJECT INFORMATION

TOTAL SITE ACREAGE	ACRES TO BE DEVELOPED
BUILDING SITE COVERAGE	If residential, number of units and net density
LANDSCAPE COVERAGE	USABLE OPEN SPACE
VEHICULAR AREA (SQ FT)	NUMBER OF SPACES PROVIDED

PROJECT DESCRIPTION

FULL DESCRIPTION OF PROPOSED PROJECT

OWNER CERTIFICATION

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the information is true and accurate. (Agent of the owner must attach a letter of authorization from the legal owner).	
DATE	SIGNATURE
	PRINT NAME