

DATE _____

OSC USE ONLY:
Application number:

PRELIMINARY APPLICATION
SPRINGFIELD TOWNSHIP OPEN SPACE PROGRAM

NOTE: Applications will be reviewed by the Open Space Committee and all information will be kept confidential.

- 1. Name of Landowner(s): Please provide full legal name(s) of all owners of record. Please include the relationship of the owners, i.e. husband/wife, brother/sister, father/son, partners, etc, etc.). (attach additional information if needed)

Name	Relationship	Property Address

- 2. Name and Phone number(s) of primary person to contact:
 Name: _____
 Phone Number(s): _____
 E-mail address (optional): _____
 Best time to contact: _____

3. Current mailing address if different from above:

4. Tax parcel numbers(s): _____ Acres per parcel: _____

5. Approximate acreage in active farmland _____, in forest _____, in open fields _____.

6. Signature of Applicant(s). Please date.

_____ Date: _____

_____ Date: _____

Application is non-binding.

When complete, please fax, email, or mail this form to the:

**Springfield Township Open Space Committee
c/o Springfield Township Municipal Building
2320 Township Road
Quakertown, PA 18951**

THANKS FOR YOUR INTEREST, IN PRESERVING OPEN SPACE! A member of the Open Space Committee will contact you to schedule a meeting.

Open Space Committee use only.	
Date Received:	
Date Reviewed:	Reviewed by: