

ROAD OPENING PERMIT

Permit #

OWNER INFORMATION:

Owner Name _____ Phone _____

Mailing Address _____

E-Mail Address (Optional, Please Print Legibly): _____

PROPERTY INFORMATION:

Site Address: Street/Town _____

TMP: _____ Lot Size _____

PURPOSE OF OPENING:

**ATTACH A DIAGRAM OF THE LOT'S ROAD FRONTAGE AND LOCATE DRIVEWAY OPENING;
PROPOSED OPENING SHOULD BE STAKED AND STAKES MARKED WITH YELLOW RIBBON.**

OWNER'S CERTIFICATION:

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I authorize the listed applicant/agent to act in my stead with regards to this application. In addition, if a permit for the use/structure is issued, I certify that the Springfield Township Zoning Officer is authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and Springfield Zoning Ordinance.

OWNER'S Signature: _____ **Date:** _____

Check & initial Here if you authorize communications and replies via the listed E-MAIL address.
____ Initials

TOWNSHIP USE ONLY

ROAD MASTER'S REVIEW and REQUIREMENTS:

Road Master: