



Planning and Zoning Department

47275 Sugarbush, ChesterfieldTownship, MI 48047

Phone: (586) 949-0400

Fax: (586) 949-4108

www.chesterfieldtwp.org

AFFIDAVIT OF NO REGULATED TREES

STATE OF MICHIGAN
COUNTY OF MACOMB

Applicant : \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Lot Number or Parcel Number: \_\_\_\_\_

The undersigned being duly sworn, deposes and says:

- 1. I am the Applicant on the attached Application for a Tree Removal Permit submitted pursuant to the provisions of the Tree and Woodland Preservation Ordinance of the Charter Township of Chesterfield and have personal knowledge of the fact set forth in the aforesaid Application and this Affidavit.
2. No tree six (6) inches or greater when measured at four and one-half (4 1/2) feet above the existing grade on the site.
3. I understand receipt of the aforesaid application by the Township grants my permission and consent for the Charter Township of Chesterfield to conduct on-site inspections and investigations; and,
3. I understand that if one (1) or more trees are found to exist on the site contrary to what is stated in this Affidavit, a tree location survey will be required before my application will be considered.

Further deponent sayeth not.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_