



Planning and Zoning Department

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www.chesterfieldtwp.org

APPLICANT INFORMATION FORM

Office Use

Application # _____

Date Received _____

I. TYPE OF APPLICATION

- checkbox SITE PLAN, checkbox SPECIAL LAND USE, checkbox REZONING, checkbox SIGN REVIEW, checkbox ZONING BOARD OF APPEALS, checkbox SUBDIVISION, checkbox CONDOMINIUM SUBDIVISION

II. APPLICANT (A completed Applicant Information Form must accompany this application)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

III. SIGNATURE

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT

PRINT/TYPE NAME OF APPLICANT