



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 SLU, checkbox REZONING, checkbox SIGN SUBMITTAL, checkbox ZONING BOARD OF APPEALS, checkbox SUBDIVISION, checkbox CONDO SUB

II. APPLICANT INFORMATION

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

III. SIGNATURES (This application form must be signed by both the applicant and legal owner of property)

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

SIGNATURE OF APPLICANT

PRINT/TYPE NAME OF APPLICANT