



Planning and Zoning Department
47275 Sugarbush, Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-4108
www.chesterfieldtwp.org

Rezoning Request
Application Form

Office Use

Application # _____ Receipt # _____ Date _____
Adm Fee _____ Planner Fee _____ Sign Bond _____

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

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
INTEREST IN PROPERTY _____

II. PROPERTY INFORMATION

PROPERTY ADDRESS _____
GENERAL LOCATION _____
LEGAL DESCRIPTION ATTACHED ON SURVEY
PROPERTY IDENTIFICATION NO. _____
PROPERTY SIZE IN ACRES _____ FRONTAGE FEET _____
EXISTING ZONING _____ PROPOSED ZONING _____
CURRENT USE _____
PROPOSED USE _____

III. OWNERSHIP INFORMATION

LEGAL OWNER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

IV. 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

SIGNATURE OF LEGAL OWNER

(Print/type name of Applicant)

(Print/type name of Legal Owner)