



Planning and Zoning Department

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www.chesterfieldtwp.org

Subdivision Review Application Form

Office Use

Application # _____ Receipt # _____ Date _____

Adm Fee _____ Planner Fee _____ Eng Fee _____ Fire _____

I. TYPE OF REVIEW

[] TENTATIVE PREL PLAT [] FINAL PREL PLAT [] FINAL PLAT

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

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

INTEREST IN PROPERTY _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS _____

GENERAL LOCATION _____

LEGAL DESCRIPTION [] ATTACHED [] ON PLAT

PROPERTY SIZE IN ACRES _____ FRONTAGE FEET _____

EXISTING ZONING _____ SURROUNDING ZONING _____

NAME OF PROPOSED SUBDIVISION _____

NUMBER OF PROPOSED UNITS _____

IV. PLAT INFORMATION

DRAWINGS PREPARED BY _____

CONTACT NAME _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

V. 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)