



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

Tree Removal Application Form

Office Use

Application # Receipt # Date
Adm Fee Planner Fee Eng Fee

I. TYPE OF REQUEST

- NO REGULATED TREES (Affidavit of No Regulated Trees must be attached)
REGULATED TREES
TREE INVENTORY ATTACHED
SKETCH PLAN ATTACHED AND WAIVER OF TREE INVENTORY REQUESTED

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
SUBDIVISION NAME
PROPERTY PARCEL NUMBER
PROPERTY SIZE IN ACRES ZONING
EXISTING USE PROPOSED USE

IV. OWNERSHIP INFORMATION

LEGAL OWNER
ADDRESS
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

(Print/type name of Applicant)

SIGNATURE OF LEGAL OWNER

(Print/type name of Legal Owner)