



Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtwp.org

Condominium Subdivision Review
Application Form

Office Use

Application # Receipt # Date
Adm Fee Planner Fee Eng Fee Fire

I. TYPE OF REVIEW

PRELIMINARY REVIEW FINAL REVIEW TREE PLAN

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

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

III. PROPERTY INFORMATION

PROPERTY ADDRESS
PARCEL
GENERAL LOCATION
LEGAL DESCRIPTION ATTACHED ON CONDOMINIUM PLAN
PROPERTY SIZE IN ACRES FRONTAGE FEET
EXISTING ZONING SURROUNDING ZONING
NAME OF PROPOSED DEVELOPMENT
NUMBER AND TYPE OF PROPOSED UNITS

IV. CONDOMINIUM PLAN INFORMATION

DRAWINGS PREPARED BY
CONTACT NAME
CITY STATE ZIP
PHONE EMAIL/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)



Planning and Zoning Department
47275 Sugarbush
Chesterfield Township, MI 48047
Phone: (586) 949-0400
Fax: (586) 949-0405
www.chesterfieldtp.org

APPLICANT INFORMATION FORM

Office Use
Application # _____ Date Received _____
Copy of driver's license attached?
 YES NO

I. TYPE OF APPLICATION

- Site Plan, Special Land Use, Planned Unit Development, Rezoning, Condominium Subdivision, Zoning Board of Appeals, Sign Permit, Subdivision, Tree Permit

II. APPLICANT INFORMATION

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
DRIVERS LICENSE OR STATE ID NUMBER _____

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)