



Planning and Zoning Department

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

Planning Commission Review
Application Form

Office Use
Application # _____ Receipt # _____ Date _____
Admin Fee _____ Planner Fee _____ Eng Fee _____ Fire Fee _____

I. TYPE OF REVIEW:

- [] SITE PLAN [] SPECIAL LAND USE [] PLANNED UNIT DEVELOPMENT

II. APPLICANT

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL/FAX _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS _____
PARCEL #: _____
GENERAL LOCATION _____
LEGAL DESCRIPTION [] ATTACHED [] ON SITE PLAN
PROPERTY SIZE IN ACRES _____ FRONTAGE FEET _____
EXISTING ZONING _____ SURROUNDING ZONING _____
PROPOSED USE _____
SIZE OF PROPOSED STRUCTURE(S) (Total Square feet) _____

IV. SITE PLAN INFORMATION

SITE PLAN 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)