



Planning and Zoning Department

47275 Sugarbush, Chesterfield Township, MI 48047

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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)