



47275 Sugarbush • Chesterfield Twp., MI 48047
Planning and Zoning Department
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www.chesterfieldtp.org

Planning Commission Review

Application Form

Application # _____ Receipt # _____ Date _____

Adm. Fee _____ Planner Fee _____ Eng. Fee _____ Fire Fee _____

I. TYPE OF REVIEW-CONDITIONAL REZONING



CONDITIONAL REZONING W/ SUPPORTING SITE PLAN

II. APPLICANT

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

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 _____ 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)