



Planning and Zoning Department

47275 Sugarbush, Chesterfield Township, MI 48047

Phone: (586) 949-0400

Fax: (586) 949-0405

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 line for Applicant

SIGNATURE OF APPLICANT

(Print/type name of Applicant)

Signature line for Legal Owner

SIGNATURE OF LEGAL OWNER

(Print/type name of Legal Owner)



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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)