

Township Certification Application

BUILDING DEPARTMENT
CHARTER TOWNSHIP OF CLINTON
40700 Romeo Plank Rd.
Clinton Township, MI 48038
24 Hr. Insp. Line: (586)286-9320
Direct Line: (586)286-9323
Fax No.: (586)286-9484
Office Hours: 8:30 a.m. – 4:30 p.m.
MONDAY THROUGH FRIDAY

Permit Fee: **\$275** (Includes \$75 CTFD Insp)

Permit No. _____

Invoice No. _____

Inspection Date: _____

Date Applied: _____

Clerical Initials: _____

Date Issued: _____

Dept. Approval: _____

BUILDING-ELECTRICAL-PLUMBING-MECHANICAL-FIRE-DPW-WATER
(The building must remain open for inspector access between 8:30 a.m. and 4:30 p.m.)
UTILITIES MUST BE TURNED ON PRIOR TO INSPECTION

Building Information

Proposed Business Location: _____

Name of Business: _____

Plaza Identification: _____

Proposed Use: _____

Previous Use: _____

Certificate of Compliance from Planning (required): _____ Square Feet: _____

Applicant Information

Applicant: _____ Phone #: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Applicant: _____

Property Owner Information

Owner: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NOTORIZED Signature of Owner: _____

Notary Public: _____

County: _____ My Commission Expires: _____

CHARTER TOWNSHIP OF CLINTON
Macomb County, Michigan
REQUEST FOR VERIFICATION:
ZONING DISTRICT AND PERMITTED USE

DATE _____
TO: CLINTON TOWNSHIP DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

PROPERTY ADDRESS _____

PROPERTY LOCATION FRONTING N E S W OF _____ STREET

AND BEING N E S W OF _____ STREET

PROPOSED USE: _____ NAME OF BUSINESS _____

ZONING DISTRICT _____

SIGNED _____

OWNER NAME _____

APPLICANT NAME _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

PHONE NO. AREA CODE _____

PHONE NO. AREA CODE _____

(For Use Only By Department of Planning and Community Development)

DATE _____

EXISTING ZONING DISTRICT _____

PERMITS USE _____

/ UNDER SPECIAL CONDITIONS:

PLEASE NOTE: ANY DEVIATION FROM THE APPROVED USE WILL REQUIRE A NEW ZONING VERIFICATION FORM

VERIFIED BY _____

BRUCE THOMPSON, AICP

DIRECTOR, DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

cc: File - Zoning: Verification

(For Use Only By Department of Water and Sewer)

DATE _____

THE CLINTON TOWNSHIP DEPARTMENT OF WATER AND SEWER HEREBY ACKNOWLEDGES THAT CONTACT WAS RECEIVED REGARDING THE ABOVE ADDRESSED PROPERTY.

SIGNED _____ TITLE _____

(For Use Only By Department of Building)

DATE _____

THE CLINTON TOWNSHIP DEPARTMENT OF BUILDING HEREBY ACKNOWLEDGES RECEIPT OF THE ORIGINAL OF THIS REQUEST.

SIGNED _____ TITLE _____