

**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 \_\_\_\_\_

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*(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

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*(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 \_\_\_\_\_

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*(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 \_\_\_\_\_

# 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

Date Applied: \_\_\_\_\_  
Clerical Initials: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Dept. Approval: \_\_\_\_\_

Permit Fee: **\$200**  
Permit No. \_\_\_\_\_  
Invoice No. \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

**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: \_\_\_\_\_

Clinton Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

REV. 05/15/17