

# 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: **\$160**  
Permit No. \_\_\_\_\_  
Invoice No. \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

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

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

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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 \_\_\_\_\_

\_\_\_\_\_/CARLO SANTIA      \_\_\_\_/JOSEPH J. SILBERNAGEL  
DIRECTOR                      ASSISTANT DIRECTOR

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 \_\_\_\_\_