

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: **\$315** (Includes \$75 CTFD Insp)

Permit No. _____

Invoice No. _____

Inspection Date: _____

Date Applied: _____

Clerical Initials: _____

Date Issued: _____

Dept. Approval: _____

BUILDING-ELECTRICAL-PLUMBING-MECHANICAL-FIRE-DPS

(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: _____

Square Feet: _____

Applicant Information

Applicant: _____ Phone #: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Email address: (This is where we will send your C of O) _____

Signature of Applicant: _____

Provide a copy of the Driver's License of the Applicant (required to process the application)

Property Owner Information

Owner: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BE ADVISED, THIS IS NOT THE APPLICATION YOU SHOULD BE USING IF ANY ALTERATIONS TO THE PROPERTY HAVE OR ARE GOING TO OCCUR. IF ALTERATIONS ARE NECESSARY, A BUILDING PERMIT IS REQUIRED AND WILL REQUIRE SIGNED AND SEALED PLANS ALONG WITH A BUILDING PERMIT APPLICATION.

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

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. _____ PHONE NO. _____

(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

____ / MATT WALLACE, AICP
ASSISTANT DIRECTOR

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

CC: FILE- ZONING: VERIFICATION

(FOR USE ONLY BY DEPARTMENT OF PUBLIC SERVICES)

DATE: _____

THE CLINTON TOWNSHIP DEPARTMENT OF PUBLIC SERVICES HEREBY ACKNOWLEDGES THAT CONTACT WAS RECEIVED REGARDING THE ABOVE ADDRESSED PROPERTY.

SIGNED: _____ TITLE: _____

NOTES: _____

(FOR USE ONLY BY DEPARTMENT OF BUILDING)

DATE: _____

THE CLINTON TOWNSHIP DEPARTMENT OF PUBLIC SERVICES HEREBY ACKNOWLEDGES THAT CONTACT WAS RECEIVED REGARDING THE ABOVE ADDRESSED PROPERTY.

SIGNED: _____ TITLE: _____

REVISED 07/25/23