

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 _____/ MATT WALLACE, AICP
DIRECTOR ASSISTANT 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 _____