



Saginaw Charter Township
Community Development
4980 Shattuck
Saginaw, Michigan 48603
989-791-9865
Fax: 989-791-9859

**APPLICATION FOR FINAL PLAT REVIEW
(FEE \$200.00)**

Applicant: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Applicant's Signature: _____

Owner (If Different Than Applicant): _____

Address: _____

Telephone: _____ Fax: _____

Owner's Signature: _____

Tax Identification Number: _____

Property Address: _____

Legal Description (Provide The Legal Description Of The Property Affected - If Additional Space Is Needed, Please Attached On A Separate Sheet To This Application):

Size of Parcel: _____

Number of Lots: _____

This application must be filled out completely and returned to the Community Development Department no less than fourteen (14) days prior to a scheduled Planning Commission hearing.

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Office Use Only:

Date Filed: _____ Amount Paid: _____

Case Number: _____ Hearing Date: _____

Current Zoning: _____

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