



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

**APPLICATION FOR TENTATIVE PRELIMINARY PLAT REVIEW
(FEE \$400.00)**

Applicant: _____ **Date:** _____

Address: _____

Telephone: _____ **Fax:** _____

Applicant's Signature: _____

Owner: (If Different Than Applicant): _____

Address: _____

Telephone: _____ **Fax:** _____

Owner's Signature: _____

.....
Tax Identification Number: _____

Property Address/Location of Subject Property: _____

Legal Description (Provide the legal description of the property affected. If additional space is needed, please attach 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 thirty (30) 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: _____