



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

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

Applicant: _____ **Date:** _____
Address: _____
Telephone: _____ **Fax:** _____ **Email:** _____

Applicant's Signature: _____

Owner (If Different Than Applicant): _____
Address: _____
Telephone: _____ **Fax:** _____ **Email:** _____

Owner's Signature: _____

Parcel ID: _____
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.

Office Use Only:

Date Filed: _____ **Amount Paid:** _____
Case Number: _____ **Hearing Date:** _____
Parcel ID: _____ **Current Zoning:** _____