



Application Form Tree Removal Permit

Planning and Zoning Department
52700 Van Dyke Ave, Shelby Twp, MI 48316
(586) 726-7243
planning@shelbytp.org
shelbytp.org

Office Use		Canopy: 25% 35%		Requirements Met?	
Application No.	_____	Date Received	_____	Replacement Trees Required	_____
Review Fee	_____	Receipt No.	_____	Approved by	_____
				Date	_____

Section I – Type of Request

- No Regulated Trees (Affidavit of No Regulated Trees must accompany this application)
- Regulated Trees
 - Tree inventory attached
 - Sketch plan attached and waiver of tree inventory requested

Section II – Applicant Information

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Interest in property _____

Section III Property Information

Property Address _____

Subdivision Name _____ Lot # _____

Property Identification No. _____

Property Size (acres) _____ Zoning _____

Existing Use _____ Proposed Use _____

Section IV Ownership Information

Legal Owner _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Section V Signatures (This application form must be signed by both the applicant and legal owner of property.)

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Applicant Signature _____ Owner Signature _____

Print/type name _____ Print/type name _____



Affidavit of No Regulated Trees

STATE OF MICHIGAN
COUNTY OF MACOMB

Applicant _____

Site Address _____

Site Lot No. _____

The undersigned, being duly sworn, deposes and says:

1. I am the 'Applicant' on the attached Application for a Tree Removal Permit submitted pursuant to the provisions of the Tree and Woodland Preservation Ordinance of the Charter Township of Shelby and have personal knowledge of the fact set forth in the aforesaid Application and this Affidavit.
2. No tree six (6) inches in diameter when measured at ground level exist on the site.
3. I understand the receipt of the aforesaid Application by the Township grants my permission and consent for the Charter Township of Shelby to conduct on-site inspections and investigations.
4. I understand that if one (1) or more trees are found to exist on the stie contrary to what is stated in this Affidavit, a tree location survey will be required before my application will be considered.

Further deponent sayeth not.

Signature of Applicant

Print/Type Name of Applicant

Subscribed and sworn to before me on

The _____ Day of _____, 20____

_____, Notary Public

_____ County, Michigan

My commission expires _____



Applicant Information Form

Office Use	Date Received _____	Copy of Driver's License Attached?
Application No. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section I – Type of Application (The appropriate Application Form must accompany this form.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Zoning Board of Appeals, Interpretation, Major Temporary Use | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Minor Temporary Use | <input type="checkbox"/> Condominium Subdivision |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Tree Permit | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Class A Nonconforming Use | | <input type="checkbox"/> Subdivision |

Section II – Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____

Driver's License Number _____

(A copy of both sides of the applicant's driver's license must be attached.)

Section III – Signature

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Applicant Name _____

Applicant Signature _____

Date _____



Affidavit of Ownership of Land

STATE OF MICHIGAN
COUNTY OF MACOMB

I/We _____
Name(s)

of _____
Address City State Zip Phone

the _____ of _____
Title Name of Company

being duly sworn, depose(s) and say(s) as follows:

1. The owner(s) of the property described on the attached

- Warranty Deed Land Contract Other Document (Specify)

is/are as follows: _____
Name(s) Address

Name Address

Name Address

This property is the subject of a _____
Type of Application

2. I/We authorize _____
Name(s)

the _____ of _____
Title(s) Name of Company

of _____
Address City State Zip Phone

to be my/our designated representative(s) in the processing of the application and to make representations and commitments on my/our behalf in connection with obtaining approval of my/our request.

Signature of property owner

Title of property owner (if applicable)

(Print/type name of property owner)

Subscribed and sworn to before me on
The _____ Day of _____, 20____

_____, Notary Public

_____ County, Michigan

My commission expires _____