



# Application Form Zoning Verification and Site History

Planning and Zoning Department  
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**Office Use**

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_ Review Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

## Section I – Identification

**1. Applicant**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

## Section II – Required Information

1. Property Address: \_\_\_\_\_  
\_\_\_\_\_

2. Property Sidwell Number: \_\_\_\_\_

3. Provide a list of any additional documents that are requested.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_