



City of Clawson

425 N. Main Street / Clawson, Michigan 48017
(248) 435-4500 FAX (248) 435-0515

PRELIMINARY MEETING WITH PLANNER/BUILDING DEPARTMENT

REQUEST FORM

Date: _____

1) Name: _____

2) Address: _____

3) Phone No: _____

4) Address of property that is subject of discussion: _____

5) Applicant's interest in the property (Owner, Tenant, Prospective Lessee, Etc.):

6) Use Proposed (Explain in detail): _____

Signature of Applicant

For office use only

1) Date Meeting Held: _____

2) Attendance at meeting (list people present): _____

