

ADMINISTRATIVE APPROVAL APPLICATION

City of Grand Haven, 519 Washington Ave. Grand Haven, MI 49417

Phone: (616) 935-3276 Fax: (616) 844-2051 Website: www.grandhaven.org

1. Project Information

Address/location of property: _____

Bldg elevation width: _____ Bldg elevation height: _____

Zoning District: _____ Name of Development: _____

2. Contractor

Name: _____

Company: _____

Address #: _____

Phone #: _____

Fax #: _____

3. Property Owner

Name: _____

Address: _____

Phone #: _____

Fax #: _____

4. Required Attachments *(see Section 40-115.04 for submittal requirements)*

- Scaled drawing
- Existing features
- Location of setback lines
- Building elevations
- Proposed man-made features
- Location of existing and proposed curb cuts and driveways
- Location of natural features
- Authorization from Owner (if applicant is not owner)

5. Details of the nature of work proposed:

By Signing below, the applicant agrees to perform the described work in accordance with all applicable sections of the City of Grand Haven Code of Ordinances. Signer will insure that all inspection requests are made a minimum of 24 hours prior to the requested time.

Signature of Applicant: _____ Date: _____

Print Name: _____

Office Use Only

Permit #: _____ Date Received: _____ Fee: _____

Date of Approval: _____ Date of Denial: _____ Approved by: _____



CONSENT OF PROPERTY OWNER
Administrative Approval Application

I, _____, OF THE STATE OF _____ AND
COUNTY OF _____ STATE THE FOLLOWING:

1. That I am the owner of real estate located at _____;
2. That I have read and examined the Application for Administrative Approval made to the City of Grand Haven by _____;
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of Grand Haven.

Signature of Owner _____ Date _____
Print name _____

