CHANGE OF USE PERMIT APPLICATION

Planning Department, City of Grand Haven
519 Washington Avenue, Grand Haven, MI 49417
Phone: (616) 935-3276   Website: www.grandhaven.org

Applicant Information

Name _____

Phone _____   Email _____

Address _____

Property Information

Address/Location _____

Parcel # 70-03- _____

Subject Property size *(acres or sq ft)* _____   Width _____   Length_____

Current Zoning _____

Required Setbacks: Front _____   Side_____   Rear_____

Required Setbacks: Front____ Side____ Rear____
Setback Provided: Front____ Side____ Rear____ (setbacks are measured from the eaves of new buildings)

Existing Use

_____
_____
_____
_____

Proposed Use

_____
_____
_____
_____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

☐ A general business plan describing the nature of the business, hours, etc.

☐ Any proposed new signage.

☐ Parking information, including number of employees and anticipate customer parking areas.

☐ Any flammable or hazardous chemicals stored or used on site.

☐ Indication from Ottawa County Health Department that septic tanks/drain fields are suitable for proposed use, if applicable.

☐ Floor plans of what uses will occur within the existing structures.

☐ Any outdoor activities, including outdoor storage or sales.

REVIEW PROCEDURE:

☐ It is recommended that a pre-application meeting is held with City staff prior to submitting any application.

☐ All applications will be reviewed to assure compliance with current building and zoning code requirements.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate and I have read the information presented in this application. I hereby grant permission for City of Grand Haven staff to enter the subject property for the purpose of gathering information related to the application.

_____   _____
Signature of Applicant   *Date*

_____   _____
Signature of Property Owner (if different from applicant)   *Date*

For Office Use Only Below This Line

Date Received _____

☐ **APPROVED**   Conditions, if any
_____
_____
_____

☐ **DENIED**   Reasons (cite §)
_____
_____
_____

City Approvals
Zoning Administrator_____ Date: _____

Building Official _____ Date: _____

Fire Marshal _____ Date: _____

DPW Director _____ Date: _____