

# LAND USE PERMIT APPLICATION

Planning Department, City of Grand Haven  
519 Washington Avenue, Grand Haven, MI 49417

Phone: (616) 935-3276 Email: [zoningpermits@grandhaven.org](mailto:zoningpermits@grandhaven.org)

\*Please allow at least 5 business days for review of land use permit applications\*

## 1. Project Information

Address/location of property: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

## 2. Contractor

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

Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Contractor License #: \_\_\_\_\_

## 3. Property Owner

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

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

Phone #: \_\_\_\_\_

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

## 4. Required Attachments *(see Section 40-112.02 for submittal requirements)*

- Scaled drawing
- Existing features
- Location of setback lines
- Building elevations (if applicable)
- Extent of grading, clearing, cutting and filling, excavating or tree removal
- 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)
- \$35.00 permit fee

## 5. Details of the nature of work proposed *(attach additional sheets if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**  
*(if applicant is not the property owner)*

Land Use Permit 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 Land Use Permit Application 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 \_\_\_\_\_

