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

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

	Project Information			
	dress/location of property:			
Parcel Number:		Zoning	Zoning District:	
2. Nar	Contractor me:		Property Owner	
			Address:	
	dress:			
		Phone	#:	
Phone #:		Email:	Email:	
Em	ail:			
Cor	ntractor License #:			
4. • •	Required Attachments (see Section Scaled drawing Existing features Location of setback lines Building elevations (if applicable Extent of grading, clearing, cutting filling, excavating or tree removal	• I • I • I • I • I a • I • I • I • I • I • I • I • I • I • I	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) \$50.00 permit fee	
5.	Details of the nature of work proposed (attach additional sheets if necessary)			
app		Frand Haven Code	he described work in accordance with all of Ordinances. Signer will insure that all rior to the requested time.	
Signature of Applicant:			Date:	
Prir	nt Name:			
		Office Use On	ly	
Peı	rmit #:	Date Received:	Fee:	
Da	te of Approval: [Date of Denial:	Approved by:	



CONSENT OF PROPERTY OWNER

(if applicant is not the property owner)

Land Use Permit Application

Ι,	,OF THE STATE OFAND		
CC	DUNTY OFSTATE 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.		
Sig	gnature of Owner Date		
Pri	int name		