

AMENDMENT OF AN APPROVED PLANNED DEVELOPMENT APPLICATION

City of Grand Haven, 20 N. Fifth Street, Grand Haven, MI 49417
Phone: (616) 847-3490 Fax: (616) 844-2051 Website: www.grandhaven.org

The City of Grand Haven Planning Commission meets in a regular session on the second Tuesday of each month at 7:30 p.m. in the City Council Chambers, 519 Washington, Grand Haven, Michigan.

Materials related to requests for Board action, including any required fees, must be filed at the Planning Department located at 20 N. Fifth Street, Grand Haven, Michigan, 49417. Questions may be directed to Jennifer Howland, Community Development Manager, at 616.847.3490.

Filing requests which are not complete or which are not filed by the meeting deadline, as determined by the Community Development Manager, will not be placed on the agenda of the respective Board meeting, nor will they be considered at the respective Board meeting.

Filing deadlines are established:

- To comply with various Ordinance requirements;
- To permit adequate time for staff to arrange the notice for publication as may be required;
- To permit adequate time for staff to arrange the mailing of notices as may be required;
- To permit adequate time for the Board and staff to review the filed materials.

Filing deadlines are established at **25 calendar days** prior to the Board meeting.

Filing deadline	Meeting Date
December 20, 2013	January 14, 2014
January 17, 2014	February 11, 2014
February 14, 2014	March 11, 2014
March 14, 2014	April 08, 2014
April 18, 2014	May 13, 2014
May 16, 2014	June 10, 2014
June 13, 2014	July 08, 2014
July 18, 2014	August 12, 2014
August 15, 2014	September 09, 2014
September 12, 2014	October 14, 2014
October 17, 2014	November 11, 2014
November 14, 2014	December 09, 2014
December 19, 2014	January 14, 2015

See Section 40-421.04 of the City of Grand Haven Zoning Ordinance for the Planned Development application process, submittal requirements, and approval procedures.



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APPLICATION**

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1. Project Information

Address/location of property: _____
Name of Development: _____
Parcel #: _____ Zoning District: _____
Current Use: _____ Proposed Use: _____
Area in Acres: _____ Zoning of adjacent properties: _____

2. Applicant

Name: _____
Company: _____
Address: _____

Phone #: _____
Fax #: _____
Email: _____

3. Property Owner

Name: _____
Company: _____
Address: _____

Phone #: _____
Fax #: _____
Email: _____

4. Required Attachments *(see Section 40-421.04.D of the City of Grand Haven Zoning Ordinance)*

5. Application Fee: \$700.00

By signing below, permission is granted for city staff, including Planning Commissioners, to enter the subject property for purpose of gathering information to review this request. In addition, 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: _____

Signature of Owner: _____ Date: _____

Print Name: _____

Office Use Only

Case #: _____ Date Received: _____ Paid (Y/N): _____

