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

1. Project Information
Address/location of property: ____________________________
Parcel Number: ____________________________ Zoning District: ____________________________
Lot Area: ____________________________ Proposed Number of Hives: ____________________________

2. Beekeeper/Applicant
Name: ____________________________
Address: ____________________________
Phone #: ____________________________ Email: ____________________________

3. Property Owner
Name: ____________________________
Address: ____________________________
Phone #: ____________________________ Email: ____________________________

4. Required Details on Scaled Drawing (See attached Zoning Ordinance Sec. 40-304.A for specific regulations)
- Location of all structures on property
- Location and number of hive(s)
- Size of hive(s)
- Flyway Barrier description & location
- Water Supply
- Setbacks from property lines to hive(s)
- Authorization from Owner (if applicant is not owner; see page 3 of application)

5. Required Fee: $35.00

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: ____________________________ Expiration Date: ____________________________ Approved by: ____________________________
Excerpt from City of Grand Haven Zoning Ordinance Sec. 40-304:

A. No person shall keep honeybees unless they obtain a honeybee permit and comply with the following conditions:

1. The maximum number of hives permitted per property shall be as follows:
   a. Two (2) hives for properties with a lot that is not greater than eleven thousand (11,000) square feet in area.
   b. Four (4) hives for properties with a lot area of greater than eleven thousand (11,000) square feet and not greater than twenty-two thousand (22,000) square feet in area.
   c. Five (5) hives for properties with a lot area greater than twenty-two thousand (22,000) square feet and not greater than forty-three thousand five hundred sixty (43,560) square feet.
   d. Eight (8) hives for properties with a lot area of greater than forty-three thousand five hundred sixty (43,560) square feet (one acre) in area.
   e. One additional hive is allowed for each additional acre of land.

2. Each hive shall have a maximum size of twenty (20) cubic feet.

3. A flyway barrier at least six (6) feet in height shall shield any part of a property line that is within twenty-five (25) feet of a hive. Such flyway barrier must be at least four (4) feet in width. The flyway barrier shall consist of a wall, fence, dense vegetation or a combination thereof.

4. A constant supply of water shall be provided for all hives.

5. All hives shall be located at least six (6) feet from any property line, and where public sidewalk is present at least ten (10) feet distant from it.

6. The applicant shall pay the fee required by the fee resolution periodically adopted by the city council.

7. Applications for honeybee permits shall be submitted to, and permits shall be issued by, the planning and community development department.

8. An initial honeybee permit shall be valid indefinitely or until the property is sold or transferred to another owner, unless suspended or revoked.

9. Applications for a honeybee permit, and suspensions or revocations shall be handled in the manner provided in chapter 21 licenses.
CONSENT OF PROPERTY OWNER
(required only if applicant is not the property owner)

Beekeeping 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 __________________________