

CHANGE OF USE PERMIT APPLICATION

Planning Department, City of Grand Haven
519 Washington Avenue, Grand Haven, MI 49417
Phone: (616) 847-3490 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.

CONTINUED ON OTHER SIDE



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:** _____

