LAND USE 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: ________________________________

2. Contractor
Name: ________________________________
Company: ________________________________ Address: ________________________________
Address #: ________________________________ Phone #: ________________________________
Phone #: ________________________________ Email: ________________________________

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

4. Required Attachments (see Section 40-111.02 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 __________________________