

ZONING PERMIT 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

Date: _____

Job address: _____ Parcel Code Number: 70-03-_____

Owner: _____ Phone Number: _____

Mailing Address: _____ City,State: _____ Zip _____

Contractor: _____ Phone Number: _____

Mailing Address: _____ City,State: _____ Zip _____

Contractor Information:

License Number - Provide Copy of License: _____ Exp. Date: _____

Federal Employer ID # or Reason for Exemption: _____

Worker's Compensation Insurance or Reason for Exemption: _____

MESC Employer No. or Reason for Exemption: _____

Class of work: 9 Residential 9 Commercial 9 Industrial 9 Other _____

Type of work: 9 Shed (residential 200 sq. ft. or less) 9 Driveway

9 Shed (commercial 120 sq. ft. or less) 9 Parking Lot

Complete site plans must be submitted with application (see example on reverse side).

Special Conditions _____

Describe work _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. AND THAT ALL THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN.

Signature of Applicant: _____ Date: _____

Print Name / Title: _____

Approved for Issuance By **Inspector:** _____

Date: _____