



City of
GRAND HAVEN, MICHIGAN

BED & BREAKFAST APPLICATION

Please return application to: City of Grand Haven Clerk's Office
519 Washington Avenue
Grand Haven, MI 49417
www.grandhaven.org
Phone: 616-847-4886
Fax: 616-842-0648

Fee (non-refundable): \$50
Type of Application: New ___*
Renewal ___

*If this is a new application, attach the following for review by the building inspector and recommendation to the Planning Commission:

- Floor Plan (to scale) showing the layout of the building, location of the guest room(s), bathroom(s) and any other information to facilitate review of this application.
Site Plan (to scale) of the parcel showing the existing structure and the accessory structures on the site, location of driveways and vehicular parking areas.

* Refer to Grand Haven Zoning Ordinance 40-36

Applicant Information:

Applicant: _____ Birth Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone (1): _____ Phone (2): _____
Address of Operation: _____

Applicant's Affirmation of Truth and Understanding

The undersigned, by the execution of this application, agrees to conform to all the terms and provisions of the Code of Ordinances of the City of Grand Haven and does represent that he has read the forgoing application by him/her signed, and know the contents thereof, and that the same is true of his/her own knowledge, except as to the matters therein stated to be upon his/her information and belief, and as to those matters he/she believes it to be true.

X _____ Drivers License # _____
Applicant Signature

