

## CHANGE OF USE PERMIT APPLICATION

Planning Department, City of Grand Haven  
519 Washington Avenue, Grand Haven, MI 49417  
Phone: (616) 935-3276 Website: [www.grandhaven.org](http://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.
- ☐ \$25.00 application fee

### 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*

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**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:** \_\_\_\_\_

