



GRAND HAVEN CHARTER TOWNSHIP

TEMPORARY LAND USE APPLICATION

Application Type	Fee
Original	\$0

Applicant Information

Name _____
 Phone _____ Fax _____
 Address _____
 Email Address _____

Please note, the application must be signed by the property owner

Property Information (if application encompasses multiple parcels, please include information for each parcel)

Address/Location _____
 Parcel Number 70 - - - - _____
 Size (acres) _____ Current Zoning _____
 Lot Type Typical Lot _____ Corner Lot _____ Interior Lot _____

Description of Proposed Temporary Land Use (describe the nature and purpose of the request, attach additional pages as needed)

Proposed Dates of Use, and Days/Hours of Operation for Temporary Land Use

Start date _____ End date _____
 Days of operation _____
 Hours of operation _____

Would the Proposed Temporary Land Use Include any of the Following? (Please check all that apply)

- () Electricity* () Flammable Material (describe _____)
- () Lighting/Illumination () Explosive Material (describe _____)
- () Signs () Sound Producing Equipment (describe _____)
- () Other (describe _____)

* An electrical permit must be obtained, inspected, and approved by the Electrical Inspector

Would the Proposed Temporary Land Use Include the Erection of any Structure(s)?

- () Yes. Type of Structure** _____
- () No

** If erecting a tent: an inspection must be completed by the Fire/Rescue Department prior to occupancy

By signing below, applicant agrees to perform the described work in accordance with all applicable sections of the Grand Haven Charter Township Code of Ordinances. *Note: This permit does not relieve the applicant from meeting any applicable requirements of law, state or policy of any public bodies or agencies.*

- Signer will insure that all inspection requests are made a minimum of 24 hours prior to the requested start date.
- I hereby attest the information on this application is, to the best of my knowledge, true and accurate.

Signature of (check one):

Date

Owner Agent Contractor

For Office Use Only

Date Received _____

Fee Paid? _____

ACTION TAKEN BY ZONING ADMINISTRATOR

() Application approved

() Application Denied

Conditions of Approval or Reasons for Denial:

Signature of Zoning Administrator

Date

SITE PLAN DRAWING

Please provide a scaled drawing with details of your proposed work including the dimensions of any structure(s) (i.e. height, width & length), building materials, the setbacks to ALL property lines, show road right of ways (public and private), and other existing structures on the parcel, and any other relevant information, as needed. Use multiple pages if necessary.

