VILLAGE OF GRAND BEACH
48200 Perkins Blvd., Grand Beach, MI 49117 (269) 469-3141

Zoning Permit Application

Date: _____ Number _____

Applicant/Contractor: _____

Applicant Phone: _____ Applicant Email:_____

Property Address _____

Owner Name (if different than applicant) _____

Owner Phone: _____ Owner Email: _____

Project Description _____

_____

A building location survey and possibly other topographic information are required for determination of compliance. Please be familiar with requirements for low, medium, and high residential districts – these can be found in the Zoning Ordinance at www.grandbeach.org .

Documentation and/or questions can be directed to the **Zoning Administrator, Chad Butler** at building@grandbeach.org or **269.546.1133**. All fees must be paid along with this application and fees are non-refundable. Please make checks payable to: Village of Grand Beach

Signature of Applicant _____

Fee _____
Date Paid _____

This is to certify that this application complies with requirements of the Village of Grand Beach Zoning Ordinance based on the information submitted. This permit shall be null and void in the event that any information contained in the application or supporting material proves to be materially inaccurate.

Approved by _____ Date _____