CITY OF GREENVILLE
SPECIAL ACTIVITIES PERMIT

(FOR EVENTS ON PRIVATE PROPERTY)

411 South Lafayette Street Greenville,
Michigan 48838
(616) 754-5645, Fax (616) 754-6320

SITE:

Owner: _____ Owner's Address: _____

Site Address: _____

TEMPORARY ACTIVITY, Please provide a detailed description of the activity proposed:

Description of Activity:_____

_____

_____

_____

A. Equipment Required: ☐ YES ☐ NO (describe below if yes)

B. Structures required (Stands, etc.)

1. Brief Description of Structure and/or Equipment to be used:_____

_____

C. Parking Provided (Number of 9' x 18' Spaces; Graveled or Paved): _____

Spaces Required Per Zoning Ordinance: _____

SCHEDULE:

Activity proposed to begin _____ and to end _____
Date Date

Activity proposed hours: _____

ZONING TYPE:

☐ Residential District ☐ Non-Residential District

Activity Authorized in District: ☐ YES ☐ NO

(☐) **WRITTEN PERMISSION:** (Permission has been submitted to this office from land owner)

(☐) **INDIVIDUAL, ORGANIZATION and/or BUSINESS** (To occupy site for temporary activity):

Name or Business: _____

Address: _____

AUTHORIZED REPRESENTATIVE (Of the activity who may be contacted):

Name: _____ Phone No.: _____

Address: _____

APPLICANT:

Signature: _____ Date: _____

Address: _____

DO NOT WRITE BELOW THIS SPACE

Temporary Sign ( ) Approved ( ) Disapproved

If disapproved, reason for Administrator's disapproval: _____

_____

Conditions of approval: _____

_____

Activity approved to begin _____ and to end _____
Date Date

_____
Zoning Administrator