

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

Application for Zoning Permit

Date _____ Number _____

Applicant/Contractor _____

Phone _____ Email Address _____

Property Address _____

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 at building@grandbeach.org . All fees must be paid along with this application and fees are non-refundable.

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 _____