

## **Town of Grand Rapids**

Zoning Permit Application

## **Application Fee \$50**

OR OFFICE USE ONLY									
Date Received:	Date Paid	:		Parcel #:			Permit #:		
APPLICANT INFORMATION									
Name:		Add	dress, City, Sta	te and Zip:					
Phone Number:		Secondary F	Phone Number:			Email Address:			
<b>PROPERTY INFORMATION</b>									
Owner Name:				Owner Address:					
Owner Phone Number:	S	Secondary Phor	ne:		Owner Email	Address:			
Parcel Size: (Acres or Sq Ft):	·		Corner Lot:	□ Yes [	□ No	Highway	Access: $\Box$ Yes $\Box$ No		
Current Use:									
Proposed Use:									
Neighboring Use:									
Describe On-Site Parking:									
Describe Existing or Proposed Fencing/Sc	reening:								

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I understand that I am subject to all applicable codes, statutes, ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate.

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**Plot Plan** 



## Paved Portion of Road

I certify that I have read this application and state that the above information is correct and that I am the owner or authorized by the owner. I understand that I am subject to all applicable codes, statutes and ordinances or homeowner's association restrictions, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality. I expressly grant permission to the Zoning Administrator and Plan Commission members, as individuals, or as a quorum to visit the property in order to gather evidence to aid in their decision. I understand that I or my Agent must be present at the Plan Commission meeting at which the permit is considered.

Applicant (Sign): \_\_\_\_\_ Print: \_\_\_\_\_

Date: