



# Town of Grand Rapids

## Zoning Permit Application

Application Fee \$50  
Mobile Tower Siting Fee \$125

### FOR OFFICE USE ONLY

Date Received:	Date Paid:	Parcel #:	Permit #:
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### APPLICANT INFORMATION

Name:	Address, City, State and Zip:		
Phone Number:	Secondary Phone Number:	Email Address:	

### PROPERTY INFORMATION

Owner Name:	Owner Address:		
Owner Phone Number:	Secondary Phone:	Owner Email Address:	
Parcel Size: (Acres or Sq Ft):	Corner Lot:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highway Access:
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Use:			
Proposed Use:			
Neighboring Use:			
Describe On-Site Parking:			
Describe Existing or Proposed Fencing/Screening:			

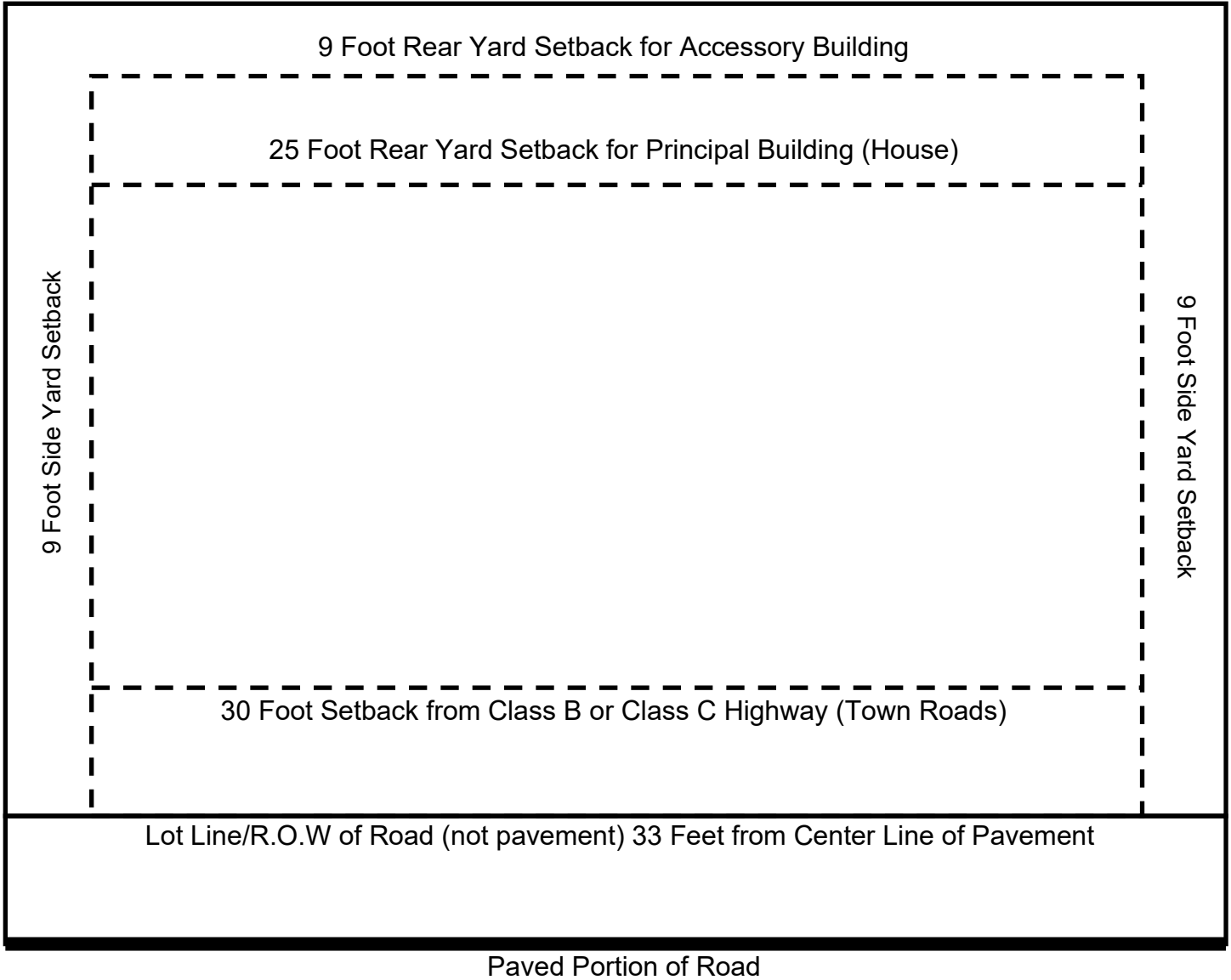
### PLANNED CONSTRUCTION/SITE IMPROVEMENTS:

Existing Structures:	Proposed Structures:
List Site Improvements Planned:	
Building Description:	
Width: _____	Length: _____
Height: _____	Area: _____
Type of Construction (Frame, Masonry, Manufactured, Pole, Etc.):	

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.

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

# Plot Plan



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:** \_\_\_\_\_