



3195 Wilson Avenue
Grandville, MI 49418-1274
(616) 531-3030

APPLICATION FOR SEASONAL OR TEMPORARY ACTIVITY PERMIT

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____

PROPERTY OWNER INFORMATION (if other than applicant):

Name: _____

Address: _____

Phone Number: _____

TYPE OF ACTIVITY:

_____ Temporary outdoor sales for a maximum period of 14 days in any calendar year. Specify type of sales:

_____ Temporary outdoor recreational or related activities such as auctions, carnivals, festivals, and the like, for a maximum time period of 14 days in any 12 month period. Specify activity: _____

_____ Seasonal outdoor sales of agricultural produce or Christmas trees are not limited to any time period if the sales are conducted by the property owner on property they own. These sales are limited to a maximum time period of 45 days in any calendar year for sales by any party other than the property owner.
Specify type of sales: _____

_____ Fireworks Sales for a maximum period of 14 days in any calendar year.

_____ Other (Please specify.)

If applicant is not property owner, has permission been granted by the property owner (please include letter for verification)?

Location of Activity: _____

Current zoning designation of property: _____

Beginning date: _____ Expiration date: _____

Hours of operation: _____

Fees due: \$25.00 per day / \$50.00 per week

I certify that the above information is true and that I have been provided and read a copy of Article 3-20(c) of the Zoning Ordinance of the City of Grandville. I agree to abide by all standards of that Article and to meet all (if any) conditions imposed herein. I understand this permit may be revoked if I fail to comply with any or all of the requirements.

Signature

* NOTE -- The granting of this temporary permit does NOT waive the necessity for a business license.

For City Use Only

Application Approved: _____

Application Denied: _____

Conditions of Approval: _____

Expiration of Permit _____

Signature