



SEASONAL OR TEMPORARY ACTIVITY PERMIT APPLICATION

3195 Wilson Ave. SW – Grandville, MI 49418-1274 – (616) 531-3030 – Fax (616) 530-3859

APPLICANT INFORMATION:	
Name:	
Mailing Address:	
Phone:	Email address:
PROPERTY OWNER INFORMATION (if other than applicant):	
Name:	
Address:	
Phone:	Email address:

TYPE OF ACTIVITY:

- Temporary outdoor sales for a maximum period of 14 days in any calendar year.
 Specify type of sale: _____
- 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. Specify type of sale: _____
- 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:		
Beginning Date:	Ending 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 Section 3-13 (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.

Application Approved: _____

Application Disapproved: _____

Conditions of approval: _____

Signature

COPIES DISTRIBUTED TO:		
Police Department _____	Fire Department _____	Public Works _____
Clerk's Office (original) _____	Applicant _____	