



280 S. Maple St. P.O. Box 435 Grant, MI 49327

Zoning Compliance Permit-No Zoning Required---No Fee

1. _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ for Application # _____
Permanent Parcel Number of Property Involved (Leave Blank)
2. Applicant: _____
Name(s) Address Phone
3. Applicant(s) to serve as: Owner(s) of property involved Agent(s) of Owner(s) of property involved
4. Address of property involved: _____
5. Legal description of property involved: _____

6. Application is hereby made by the undersigned for proposed item (s) noted below:

****This Zoning Compliance Permit IS required when applying for a permit from Newaygo County Building Safety & Permits Department 231-689-7216****

The undersigned hereby agrees to comply with all ordinances and regulations of the City of Grant, Newaygo County, Michigan, and of any other agencies. Applicant signature herewith grants permission for City zoning official to enter upon subject property to perform inspections as required to assure compliance with City, County, and State regulations.

Date: _____ Applicant Signature: _____

City of Grant Zoning Official Certification that there are no local zoning regulations for the above described proposed work.

Date: _____ City Official: _____

"The City of Grant is an Equal Opportunity Provider"