

**CITY OF GREENVILLE
SPECIAL ACTIVITIES PERMIT**

Office of Greenville Zoning Administrator
411 South Lafayette Street
Greenville, Michigan 48838
(616) 754-5645, Ext. 112 Fax (616) 754-6320



SITE:

Owner: _____ Owner's Address: _____

Site Address: _____

TEMPORARY ACTIVITY:

Description of Activity: _____

A. Mobile Unit: ____ YES ____ NO

B. Structures required (Stands, etc.)

1. Building Permit Number: _____

2. Brief Description of Structure: _____

C. Parking Provided (Number of 10' x 20' Spaces; Graveled or Paved): _____

Spaces Required Per Zoning Ordinance: _____

SCHEDULE:

Activity proposed to begin _____ and to end _____
Date Date

ZONING TYPE:

() Residential District () Non-Residential District

Activity Authorized in District: ____ YES ____ NO

(____) **WRITTEN PERMISSION:** (Permission has been submitted to this office from land owner)

(____) **INDIVIDUAL and/or BUSINESS** (To occupy site for temporary activity):

Name or Business: _____

Address: _____

AUTHORIZED REPRESENTATIVE (Of the activity who may be contacted):

Name: _____ Phone No.: _____

Address: _____

APPLICANT:

Signature: _____ Date: _____

Address: _____

DO NOT WRITE BELOW THIS SPACE

Temporary Sign () Approved () Disapproved

If disapproved, reason for Administrator's disapproval: _____

Conditions of approval: _____

Activity approved to begin _____ and to end _____
Date Date

**George M. Bosanic
Zoning Administrator**