



GRAND HAVEN CHARTER TOWNSHIP

**MOVED STRUCTURE APPLICATION**

Application Type	Fee
Original	\$400

**Applicant Information**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Owner Information** *(If different from applicant)*

Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_

**Property Information – Current Location**

Address/Location \_\_\_\_\_  
 Parcel Number 70 - - - - Size (acres) \_\_\_\_\_

**Property Information – Proposed Location**

Address/Location \_\_\_\_\_  
 Parcel Number 70 - - - - Size (acres) \_\_\_\_\_  
 Current Zoning \_\_\_\_\_ Master-Planned Zoning \_\_\_\_\_

I hereby attest the information on this application is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
*Signature of applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_ Fee Paid? \_\_\_\_\_

- ( ) Application Approved
- ( ) Application Denied

\_\_\_\_\_  
*Signature of Zoning Administrator* \_\_\_\_\_ *Date* \_\_\_\_\_

## INSPECTIONS

1. Building Inspection. Does the structure comply with State Building Code?

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Inspector*

\_\_\_\_\_  
*Name of Inspector (typed or printed)*

2. Mechanical Inspection. Does the structure comply with the State Mechanical Code?

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Inspector*

\_\_\_\_\_  
*Name of Inspector (typed or printed)*

3. Electrical Inspection. Does the structure comply with the State Electrical Code?

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Inspector*

\_\_\_\_\_  
*Name of Inspector (typed or printed)*

4. Plumbing Inspection. Does the structure comply with the State Plumbing Code?

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Inspector*

\_\_\_\_\_  
*Name of Inspector (typed or printed)*

5. Is the structure compatible in design, appearance and condition of other structures located in the general facility of the proposed location?

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Zoning Official*

\_\_\_\_\_  
*Name of Official (typed or printed)*

6. Is the Mover bonded or insured for an amount not less than two million dollars? Applicant must include proof of insurance or bond with the application.

(   ) Yes   (   ) No

\_\_\_\_\_  
*Signature of Zoning Official*

\_\_\_\_\_  
*Name of Official (typed or printed)*

