



# Application Accessory Structure Permit

1120 Monroe Ave NW Phone: 616.456.4100  
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## I. Project Information Please Print or Type

### A. Location (Required)

Project Address \_\_\_\_\_

### B. Dimensions Structures over 120 square feet count against the max square foot allowance. Structures over 200 square feet require a building permit.

Width \_\_\_\_\_ Length \_\_\_\_\_ Area \_\_\_\_\_

Height (midpoint between the roof peak and top wall) \_\_\_\_\_

Materials \_\_\_\_\_

Other Accessory Structures (i.e. detached/attached garages, pool house, sheds, play structures, etc.) \_\_\_\_\_

#1 Area (sq ft) \_\_\_\_\_ #2 Area (sq ft) \_\_\_\_\_ #3 Area (sq ft) \_\_\_\_\_

### C. Site Plan (Required)

Attached. Must include the location of all existing and proposed buildings, lot lines, and driveways.

## II. Identification (Email is the primary form of communication and is necessary to receive prompt application review updates.)

### A. Property Owner – Required (If Property Owner is Permit Applicant, Check Here )

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mobile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### B. Applicant Information (Signature Required, Contact Information Required if Applicant Not Indicated by Check Box)

Name & Title of Contractor, Owner, or Authorized Agent of the Owner \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mobile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**"I/We (the undersigned) agree to construct the accessory structure according to the plans and specifications on file with this office and to adhere to the plan review and correction letter if issued"**

Applicant Name (Please Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

#### For Office Use Only

Counter Review

Historic Dist.

#### Sign-Offs Required

Planning

Hist. Pres.

#### Approved By

#### Date

#### Notes

\_\_\_\_\_

Zoning Permit Number: \_\_\_\_\_ Fee: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Credit card \_\_\_\_\_

**WARNING: ANY OMISSION OR MISREPRESENTATION OF FACT ON THIS DOCUMENT MAY RESULT IN THE REVOCATION OF THE PERMIT AND/OR LEGAL ACTION BEING TAKEN**