MUNICIPAL INSPECTIONS SERVICES, INC.
Muniserves.com
office@muniserves.com
TELEPHONE – (517) 622-8822

CITY OF PORTLAND
ZONING COMPLIANCE VERIFICATION

PROJECT ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF WORK: _____

_____

_____

_____

THIS PROJECT IS IN COMPLIANCE WITH THE CITY OF PORTLAND ZONING ORDINANCE. UPON COMPLETION OF THIS FORM, A BUILDING PERMIT MAY BE ISSUED:

PLANNING & ZONING OFFICE:_____DATE:_____

COMMENTS OR CONDITIONS: _____

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