

117 W. Main
P.O. Box 127
Parma MI 49269
517-531-4785



Permit #

Fee: \$20.00 Admin
\$80.00 Per Inspection

Date: _____

Planning Department

Zoning Compliance Permit

PROJECT INFORMATION

Name: _____

Street Address: _____

Phone: _____ Email: _____

DESCRIPTION OF WORK TO BE DONE:

SKETCH/LAYOUT OF WORK TO BE DONE:

Grid area for sketch/layout of work to be done.

THIS PROJECT: ☐ MEETS CURRENT ZONING REQUIREMENTS (APPROVED)
☐ DOES NOT MEET CURRENT ZONING REQUIREMENTS (DENIED) See Inspector Notes.

Date of Approval: _____ Approving Official: _____

Stipulation (if any): _____

☐ Cash Check #: _____ Receipt #: _____