



Date Received: _____
Received By: _____

Town of Plymouth Zoning Compliance Permit Application

Property Owner

Applicant (or Representative—Surveyor, Contractor, etc.)

Name _____
Mailing Address _____
Daytime Phone _____
Fax _____
Email Address _____
Signature _____

Name _____
Mailing Address _____
Daytime Phone _____
Fax _____
Email Address _____
Signature _____

Who should be contacted for any questions that may arise?

Owner

Applicant

Street Address of Property _____

Lot Area _____

Location of Property (Check one)

Inside Town Limits

In Town ETJ (within 1 mile of Town Limits)

If Accessory Structure (Garage, Workshop, etc.), Check Services Structure will have:

Electrical

Kitchen Plumbing

Bathroom Plumbing

City Water

City Sewer

Project Description

Attach Additional Page(s) if Necessary

If Non-Residential Use (Circle):

Sign(s)? Y N

How Many? _____

Freestanding Sign(s)? Y N

Brief Description (Attach Sketches) _____

Parking Spaces _____

Handicapped Parking Spaces _____

****Only Complete Applications will be Accepted****

FILE #: PLY _____

PZA _____

Town of Plymouth Zoning Compliance Permit Application

BUILDING INFORMATION: Please complete the following for ANY new construction (including additions).

Lot Depth _____ Lot Width _____ Building Height _____

Setbacks (Distance from Property Line to Building or Addition)

Front _____ Rear _____ Left _____ Right _____

Is there a Street on more than one side of the Lot? (Circle) Y N

Which Side(s)? (Circle all that apply.) Right Left Rear

Please provide the following:

1. A location map (available from Washington County GIS Department).
2. A sketch showing the lot layout, including all existing building(s) accesses/driveways, and any proposed new construction/additions. Please show setbacks from property lines.
3. For new construction, please provide a sketch showing the interior layout of the proposed building(s) or addition(s).
4. If located in Floodplain, provide copy of Floodplain permit from Washington County.
5. If located in ETJ, provide one (1) copy of the Septic Tank Approval for new construction from Washington County Health Department.

For Official Use Only

Zoning Use Classification _____ Zoning District _____

Required Setbacks:

Lot Depth _____ Lot Width _____ Building Height _____

Front _____ Rear _____ Left _____ Right _____

Meet Standard Y N

Flood Hazard Zone Y N Base Flood Elevation _____

Nonresidential

Number of Parking Spaces Required _____ Meet Standard Y N

APPROVED BY: _____ DATE: _____

See Attached Letter for Additional Comments and Requirements

PLEASE ALLOW 5-7 DAYS FROM SUBMITTAL DATE FOR APPLICATION REVIEW

FILE #: PLY _____ PZA _____