

**TOWN OF PLYMOUTH
PLANNING & ZONING COMMISSION
APPLICATION FOR ZONING PERMIT**

EST. VALUE _____

FEE PAID _____

RECEIPT NUMBER _____

DATE OF APPLICATION _____

APPLICATION IS HEREBY MADE TO THE PLANNING AND ZONING COMMISSION OF THE TOWN OF PLYMOUTH FOR A PERMIT FOR:

New Construction _____ Swimming Pool _____ Sign _____ Addition _____
Accessory Bldg. _____ Renovation _____ Parking Lot _____ Other (Specify) _____

LOCATION OF PROPERTY _____

MAP # _____ BLOCK # _____ LOT # _____

APPLICANT: _____

ADDRESS: _____

OWNER (IF DIFFERENT): _____

ADDRESS (IF DIFFERENT): _____

PHONE HOME: _____ WORK: _____

FAX: _____ CELL: _____

EMAIL ADDRESS: _____

ZONE _____ LOT AREA _____ LOT FRONTAGE _____

WIDTH OF LOT _____ AVERAGE DEPTH OF LOT _____

PROPOSED STRUCTURE _____

DIMENSIONS OF PROPOSED STRUCTURE _____ (LxWxH)

TOTAL SQUARE FOOTAGE _____

EXISTING STRUCTURE _____

DISTANCE FROM: SIDE YARDS _____ & _____ FRONT YARD _____

REAR YARD _____

EXISTING STRUCTURE SERVICED BY (Check appropriate boxes)

private well _____ on-site septic _____ sewer _____ public water _____

I HEREBY AGREE TO CONFORM TO ALL REQUIREMENTS OF THE LAWS OF THE STATE OF CONNECTICUT AND THE TOWN ORDINANCES OF THE TOWN OF PLYMOUTH AND TO NOTIFY THE PLANNING AND ZONING COMMISSION OF ANY ALTERATIONS IN THE PLANS FOR WHICH THE PERMIT IS BEING ASKED. I FURTHERMORE AGREE THAT THIS BUILDING IS TO BE LOCATED AT THE PROPER DISTANCE FROM ALL STREET AND LOT LINES REQUIRED BY THE ZONING REGULATIONS AND ANY OTHER APPLICABLE LOCAL AND STATE ORDINANCES. IT IS UNDERSTOOD THAT THE FACILITY WILL BE USED IN FULL COMPLIANCE WITH THE ZONING REGULATIONS OF THE TOWN OF PLYMOUTH. I HEREBY APPLY FOR A CERTIFICATE OF USE AND COMPLIANCE FOR THE ABOVE DESCRIBED BUILDING OR USE. IT IS MY UNDERSTANDING THAT THE FACILITY CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF USE AND COMPLIANCE HAS BEEN ISSUED BY THE PLANNING AND ZONING COMMISSION.

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER (IF DIFFERENT)

USE THIS SPACE FOR PLOT PLAN OF PROPERTY. PLOT DRAWN TO SCALE MUST BE DRAWN OR ATTACHED TO THIS APPLICATION IN COMPLIANCE WITH THE ZONING REGULATIONS SHOWING ALL BOUNDARIES OF THE PROPERTY AND THE LOCATION OF THE BUILDING OR BUILDINGS ON THE PROPERTY. INCLUDE THE CENTER LINE OF ANY PUBLIC OR PRIVATE RIGHT-OF-WAY. ANY CHANGES FROM THIS DRAWING MUST FIRST BE CHECKED WITH THE PLANNING AND ZONING COMMISSION OR ITS APPOINTED AGENT.

FOR OFFICE USE ONLY

HEALTH DEPARTMENT SIGNATURE: _____

DATE: _____

W.P.C.A. SIGNATURE: _____

DATE: _____

INLAND WETLAND COMMISSION APPLICATION REQUIRED:

Yes _____ No _____

NOTICE TO WATER COMPANY REQUIRED Yes _____ No _____

PROPERTY USE: single family residence _____ commercial _____

Multifamily _____ manufacturing _____ other _____

FLOOD PLAIN _____

PLOT PLAN ATTACHED _____

A-2 FOUNDATION AS BUILT REQUIRED _____

EXCAVATION PERMIT _____

CONFORMING ALL ASPECTS _____

EXISTING NON CONFORMING _____

DOES NOT CONFORM _____

CONFORMS THROUGH VARIANCE _____

VARIANCE GRANTED TO: _____

DATE OF VARIANCE: _____

FOR: _____

PERMIT IS HEREBY: GRANTED ___ PERMIT # _____

DATE _____

DENIED _____ REASON FOR DENIAL _____

ZONING ENFORCEMENT OFFICER

INSPECTED BY _____ **DATE** _____

REMARKS:

