



Town of Plymouth
Department of Inspectional Services

26 Court Street
Plymouth, MA 02360
508-322-3431

ZONING APPLICATION

(This is not a building permit)

Residential *Commercial*

1. LOCATION OF PROPERTY _____

2. PERMIT TO: ERECT _____ ALTER _____ DEMOLISH _____ MOVE _____ OTHER _____

3. PRESENT USE _____ YEAR BUILT _____

4. NEW PROPOSED USE _____

5. ARE YOU CREATING AN IN-LAW UNIT? Y/N _____ ARE YOU CREATING AN ADU? Y/N _____

6. IS THIS A NEW BUSINESS: Y/N NAME OF BUSINESS: _____
NUMBER OF EMPLOYEES: _____ NUMBER OF DESIGNATED OFF-STREET PARKING SPACES: _____

7. IS THIS A FOOD SERVICE ESTABLISHMENT? Y/N NUMBER OF SEATS: _____

8. IS THERE ANY NEW FOOTPRINT, CHANGES, DEMOLITION, OR CONSTRUCTION OF EXISITING FOOTPRINT? Y/N _____

9. IS THERE A CHANGE IN HEIGHT TO ANY PORTION OF A BUILDING/STRUCTURE PROPOSE? Y/N _____

10. NEW BUILDING/ADDITION: HEIGHT _____ SIZE _____

11. IF PROFESSIONAL USE – NUMBER OF OFFICES _____ TYPE _____

12. AREA OF LOT _____ NUMBER OF FEET: FRONT _____ REAR _____ SIDE _____

13. DESCRIPTION OF WORK TO BE DONE: _____

- **IF TOTAL BUILDING EXCEEDS 35,000 CUBIC FEET REFER TO THE MASS STATE BUILDING CODE SECTION 107.6**

IT IS UNDERSTOOD AND AGREED THAT THE ZONING PERMIT IS ISSUED IN RELIANCE UPON THE INFORMATION SUBMITTED BY THE PETITIONER ON AND WITH THIS APPLICATION, THEREFORE, IF ANY FALSE OR MISSLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING PERMIT IS VOIDABLE BY A BUILDING OFFICIAL.

ZONING PERMITS ARE GOOD FOR ONE YEAR FROM THE DATE IT IS ISSUED.

NAME (please print)

MAILING ADDRESS _____ SIGNATURE OF OWNER OF SUBJECT PROPERTY _____

TOWN STATE ZIP CODE

SIGNATURE OF OWNER OF SUBJECT PROPERTY

TOWN STATE ZIP CODE

SIGNATURE OF AGENT

TELEPHONE NUMBER

E MAIL ADDRESS