



Town of Plymouth – Zoning Department
Department of Inspectional Services
 11 Lincoln Street, Plymouth, MA 02360
 (508) 747-1620

Application # _____
 Zoning Permit # _____
 Zone District _____

PERMIT FEE: \$25.00

COMMERCIAL AND INDUSTRIAL ZONING APPLICATION

(This is not a building permit)

1. LOCATION OF PROPERTY _____ PARCEL #: _____
2. PERMIT TO: ERECT _____ ALTER _____ DEMOLISH _____ MOVE _____ OTHER _____
3. PRESENT USE _____
4. NEW PROPOSED USE _____
5. NEW BUILDING/ADDITION: HEIGHT _____ SIZE _____
6. IF PROFESSIONAL USE – NUMBER OF OFFICES _____ TYPE _____
7. AREA OF LOT _____ NUMBER OF FEET: FRONT _____ REAR _____ DEPTH _____
8. SITE AND FLOOR PLANS NEEDED ALONG WITH DESCRIPTION OF WORK TO BE DONE: _____

9. IF TOTAL BUILDING EXCEEDS 35,000 CUBIC FEET REFER TO THE MASSACHUSETTS STATE BUILDING CODE SECTION 127.

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 MISLEADING 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 _____

TOWN _____ STATE _____ ZIP CODE _____

SIGNATURE OF AGENT _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

DO NOT WRITE BELOW THIS LINE

ZONING PERMIT APPROVED: _____

ZONING PERMIT DENIED: _____

DATE ISSUED: _____

BUILDING OFFICIAL SIGNATURE _____