

PLYMOUTH HISTORIC DISTRICT COMMISSION

Application for Certificate

Please check type of Certificate applied for:

☐ **Certificate of Appropriateness**

☐ **Certificate of Non-Applicability**

☐ **Certificate of Hardship**

Applicant:

Case # :

Mailing Address:

Phone Number:

City: Plymouth

State: MA

Zip: 02360

Property Address:

Map #:

Lot #:

Email Address:

Alterations proposed: (Include a drawing of the building on site, showing location of changes, paint colors, building materials, etc.):

Proposal:

For Commission Use Only:

Date application received by Commission (all materials submitted):

Change is:

Hearing Date(s):

Decision Date:

Decision by Commission:

Applicant's signature _____ Date _____

Chairman's signature _____ Date _____

Applicant agrees to extension: Applicant signature _____ Date _____

Applicant withdraws application: Applicant signature _____ Date _____

Chairman's signature _____ Date _____

Cc: Building Department, Clerk's Office, Petitioner, File

<p>NOTE: Upon receipt of this Certificate, you MUST file a Zoning Application with the Department of Inspectional Services; otherwise, you are in violation of the Plymouth Zoning Bylaw.</p>
--