

**Town of Plympton
Building Department**

Fee Paid _____

5 Palmer Road, Plympton, MA 02367
781-585-0571

Zoning Permit # _____

Date _____

Buildingadmin@plymptontown.org

Zoning District _____

RESIDENTIAL ZONING PERMIT APPLICATION

(This is not a building permit)

1. LOCATION OF PROPERTY _____ PARCEL #: _____

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

3. PRESENT USE _____

4. NEW PROPOSED USE _____

5. NEW BUILDING/ADDITION: HEIGHT _____ SIZE _____ AREA OF LOT _____

6. NUMBER OF FEET FOR SETBACKS OF: FRONT _____ REAR _____ LEFT _____ RIGHT _____

7. DESCRIPTION OF WORK TO BE DONE: _____

8. SITE PLAN REQUIREMENTS: PLAN SHOWING PROPOSED LOCATION OF NEW STRUCTURE WITH SETBACK REQUIREMENTS AND THE FEMA FLOOD ZONE LOCATION AS IT APPEARS ON CURRENT MAP. PROPOSED DRIVEWAY ACCESS LENGTH AND WIDTH WITH MINIMAL UPLAND ON SITE PLAN

9. FOR NEW STRUCTURES BUILDING PLANS NEED TO BE SUBMITTED WITH ZONING APPLICATION SHOWING HEIGHT OF STRUCTURE FROM TOP OF FOUNDATION TO TOP RIDGE OF ROOF.

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 ZONING 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: _____

ZONING OFFICIAL SIGNATURE _____