

APPLICATION FOR ZONING PERMIT

TOWN OF PLYMOUTH

68 Town Office Rd., Plymouth, VT 05056

www.plymouthvt.org

Zoning Administrator – Jim Allen (802) 672-1943

Requests from the Town for Zoning Applications

1. If this is a new construction submit a copy of your Septic Approval from the Town.
2. Everything must be filled out completely. Incomplete applications will be Denied and Returned.
3. Plans for your project can be no larger than 11”x 17”.
4. The project must be staked out w/property line clearly visible. Make sure the site plan has the project in the correct area.
5. After completion of your project, Please mail a written request for a Certificate of Compliance. Failure to do so will result in no certification for your file.
6. Does your project need a 911 number? _____ Yes _____ No

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1. NAME OF LANDOWNER _____ PHONE (____) _____
ADDRESS OF LANDOWNER _____

2. NAME OF APPLICANT _____ PHONE (____) _____
ADDRESS OF APPLICANT _____

3. PROPERTY LOCATION _____
(911 NUMBER/PHYSICAL ADDRESS)

4. TITLE TO PROPERTY RECORDED BOOK _____ PAGE _____
TAX MAP DESIGNATION SHEET _____ PARCEL NO. _____

5. NATURE OF WORK (CHECK ALL THAT APPLY)

NEW CONSTRUCTION _____ RESIDENCE _____ COMMERCIAL _____ DEMOLITION _____
REMODELING _____ LIVING SPACE _____ OUTDOOR SPACE _____

ACCESSORY BUILDING _____, DESCRIBE _____

OTHER _____, SPECIFY _____

DESCRIPTION OF WORK _____

6. EXISTING USE & OCCUPANCY _____

PROPOSED USE & OCCUPANCY _____

7. AREA OF LOT (ACREAGE OR DIMENSIONS) _____

FRONTAGE ON PUBLIC ROAD (FEET) _____ NEW BUILDING LENGTH _____ WIDTH _____

TYPE OF WATER SYSTEM _____ EXSITING _____ PROPOSED _____

SETBACK FROM - ROAD R.O.W. _____ REAR _____ SIDE _____ SIDE _____

IMPORTANT: ATTACH BUILDING PLANS AND A SKETCH SHOWING THE RELATIONSHIP OF PROPOSED WORK ON THE LOT, INCLUDING EXISTING BUILDINGS AND THE INFORMATION REQUESTED IN ITEM 7 ABOVE.

8. TYPE OF WASTEWATER DISPOSAL SYSTEM _____ EXISTING _____

PROPOSED _____

NOTE - IF A NEW WASTEWATER DISPOSAL SYSTEM OR AN ALTERATION TO AN EXISTING SYSTEM IS PROPOSED THE APPLICANT MUST FILE FOR AN INDIVIDUAL WASTEWATER DISPOSAL SYSTEM PERMIT WHICH MUST BE APPROVED BEFORE THIS APPLICATION FOR A ZONING PERMIT IS SUBMITTED AND APPROVED.

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PERMIT TO EXTEND FROM _____, 20__ TO _____, 20__ (NOT MORE THAN TWO (2) YEARS).
CONSTRUCTION MUST COMMENCE WITHIN 120 DAYS OF THE DATE OF APPROVAL OF THIS PERMIT UNLESS
THE ZONING ADMINISTRATOR GRANTS WRITTEN APPROVAL FOR AN EXTENSION.

I HEREBY APPLY FOR A ZONING PERMIT FOR THE STATED USE TO BE ISSUED ON THE BASIS OF THE DATA
CONTAINED HEREIN, ALL OF WHICH I SWEAR TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
THE ABOVE DESCRIBED PROPERTY CONFORMS TO THE ZONING DISTRICT IN WHICH IT IS SITUATED AND TO
ALL PERTINENT REGULATIONS OF THE STATE OF VERMONT.
ALL DRIVEWAY PERMITS AND HEALTH PERMITS REGARDING WASTEWATER DISPOSAL OF SEWAGE HAVE
BEEN FILED AND APPROVED BY APPROPRIATE AUTHORITIES (ATTACH COPIES).

SIGNATURE OF LANDOWNER _____ DATE _____
SIGNATURE OF APPLICANT _____ DATE _____

SUPPLEMENTAL INFORMATION (NOT REQUIRED): PLEASE PROVIDE THE BELOW INFORMATION TO THE EXTENT
POSSIBLE FOR NEW CONSTRUCTION OR REMODELING.

FOUNDATION TYPE _____ NUMBER OF FLOORS/STORIES _____ ROOF MATERIAL _____
FLOOR COVERINGS (% OF EACH) - CARPET _____ TILE _____ HARDWOOD _____ OTHER _____
EXTERIOR SIDING MATERIAL _____ HEATING SYSTEM(S) _____
FIREPLACE/STOVE (NUMBER) _____ WOOD _____ GAS/VENTED _____ OTHER _____
NUMBER OF BEDROOMS _____ FINISHED BASEMENT YES NO
TOTAL AREA OF LIVING SPACE _____ TOTAL AREA OF BASEMENT _____
NUMBER OF BATHS _____ LAUNDRY HOOK-UP (ROUGH-IN) YES NO
DECK (SQ. FOOTAGE) _____ PORCH (SQ. FOOTAGE) _____

NON-REFUNDABLE FEE TO BE PAID WITH APPLICATION. FIVE (5) CENTS PER SQUARE FOOT OF INTERIOR FLOOR
SPACE. MINIMUM FEE OF **\$25.00** PLUS **\$10.00** RECORDING FEE.

ADMINISTRATIVE USE ONLY

APPLICATION NUMBER _____ RECEIVED _____ FEE PAID _____
APPROVED _____ DENIED _____ REFERRED TO BOARD _____
REASONS FOR DENIAL/COMMENTS _____

DATE REVIEWED _____ SIGNED _____
ZONING ADMINISTRATOR (JIM ALLEN)

AN INTERESTED PERSON MAY APPEAL ANY DECISION BY THE ZONING ADMINISTRATOR WITHIN 15 DAYS OF
THE DATE OF SUCH DECISION. THIS PERMIT SHALL NOT TAKE EFFECT UNTIL THE TIME FOR SUCH APPEAL HAS
PASSED. THE ZONING ADMINISTRATOR SHALL FILE A COPY OF THIS APPLICATION WITH THE DISTRICT
ENVIRONMENTAL COMMISSION NO. _____, AT _____.

ZONING-CERTIFICATE OF COMPLIANCE

CONSTRUCTION OF BUILDING WAS INSPECTED AND APPROVED TO BE IN
COMPLIANCE ON _____
Date

BY: _____
Signature of Authorized Zoning Administrator (James Allen)