TOWN OF PLYMOUTH
8219 W HIGH ST.
ORFORDVILLE, WI 53576
608-879-4012
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OFFICER

ZONING PERMIT APPLICATION

DATE

SECTION I TO BE COMPLETED BY APPLICANT PERMIT NO. JOB ADDRESS (Street Number and Name) LOT # SUBDIVISION OWNER'S NAME MAILING ADDRESS (Include Zip Code) DAYTIME PHONE # CONTRACTOR'S NAME MAILING ADDRESS (Include Zip Code) DAYTIME PHONE # **PROJECT** NEW BUILDING ☐ ADDITION ☐ ALTERATION OR REPAIR TO EXISTING BLDGN ☐ MOVING ☐ DEMOLITION OTHER -(Check One **BUILDING TYPE** ☐ SINGLE FAMILY ☐ DUPLEX ☐ MULTI-FAMILY ☐ COMMERCIAL/INDUSTRIAL ☐ GARAGE/STORAGE □other -(Check One) I, the undersigned, do hereby certify that the above information is correct and agree that in the performance of this work I will be bounded by and submit to all statutes of the State of Wisconsin, conform to all applicable codes and ordinances of the Town of Plymouth and abide by all rules and regulations prescribed by the Zoning Officer. SIGNATURE OF APPLICANT DATE SECTION II TO BE COMPLETED BY PLANNING/ZONING OFFICIALS FLOODPLAIN YES-WATER Municipal -Private -SANITARY PERMIT NO. -Private -URBAN SURFACE AREA YES-NO SEWER: Municipal -BUILDING C.U.P., REZONING OR VARIANCE PERMIT NO. PERMIT NO. PARCEL PROPERTY DESCRIPTION NO. LOT AREA (Sq. Ft.) REQUIRED SETBACKS **FRONT** OTHER ZONING DISTRICT **REAR** LEFT **RIGHT** (in feet) ARCH. APPROVAL DATE APPROVED USE OF BUILDING DATE ISSUED EXPIRATION DATE ZONING OFFICIAL PERMIT FEE CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. 1. ALL LOT CORNERS MUST BE VISIBLE OR INDICATED BY STAKES SIGNATURE OF ZONING