

Permit # \_\_\_\_\_

# City of Plymouth, WI

PLYMOUTH CITY HALL: 128 Smith Street - P.O. BOX 107 ♦ PLYMOUTH, WI 53073-0277  
PHONE: 920-893-1271 ♦ FAX: 920-892-2760 ♦ www.plymouthgov.com

## Zoning Permit Application

### Property Owner Information

Owner Name: \_\_\_\_\_  
First Last

Project Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor/Applicant Information (if different from property owner)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cert. #: \_\_\_\_\_

### Proposed Project Information

Project Address (if different from owner address): \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Information

Are there wetlands or floodplain on or near the property? YES NO UNSURE

Have you provided a site plan drawn to scale, including dimensions and lot lines setbacks? YES NO

Have you referred to the fee schedule and submitted the correct payment amount? YES NO

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my permit being revoked.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use*

Approved: _____ Date: _____	Paid: _____
Floodplain: _____	Parcel #: _____
Condition(s): _____ _____	