TOWN OF PLYMOUTH PLANNING & ZONING COMMISSION APPLICATION FOR SOLAR PANEL PERMIT

EST. VALUE	
FEE PAID	
RECEIPT NUMBER	
DATE OF APPLICATION	
APPLICATION IS HEREBY MADE TO THE PLANNING AND ZONING COMMISSION O	OF THE
TOWN OF PLYMOUTH FOR SOLAR PANEL PERMIT FOR:	
Roof Top Mounted Ground Mounted	
LOCATION OF PROPERTY	
APPLICANT:	
ADDRESS:	
OWNER (IF DIFFERENT):	
ADDRESS (IF DIFFERENT):	
PHONE - HOME: WORK:	
FAX: CELL:	
EMAIL ADDRESS:	
ZONELOT AREALOT FRONTAGE	
WIDTH OF LOT DEPTH OF LOT	
NUMBER OF PANELS SIZE OF PANELS	_
OVERALL COVERAGE OF PANELS (LxWxH)	
TOTAL SQUARE FOOTAGE	
DISTANCE FROM: SIDE YARDS FRONT YARD	
REAR YARD	
EXISTING STRUCTURE SERVICED BY (Check appropriate boxes) Private well	_
On-site septic Public Water	
HEALTH DEPARTMENT SIGNATURE:	
DATE:	
W.P.C.A. SIGNATURE:	_DATE:
INLAND WETLAND COMMISSION APPLICATION REQUIRED:	
Yes No	
NOTICE TO WATER COMPANY REQUIRED Yes No	
PROPERTY USE: single family residence commercial	
Multifamily Manufacturing Other	
FLOOD PLAIN	
PLOT PLAN ATTACHED	
A-2 FOUNDATION AS BUILT REQUIRED	
EXCAVATION PERMIT	
CONFORMING ALL ASPECTS	
EXISTING NON CONFORMING	

DOES NOT CONFORM
CONFORMS THROUGH VARIANCE
VARIANCE GRANTED TO:
DATE OF VARIANCE:
FOR:
I HEREBY AGREE TO CONFORM TO ALL REQUIREMENTS OF THE LAWS OF THE STATE OF CONNECTICUT AND THE TOWN ORDINANCES OF THE TOWN OF PLYMOUTH AND TO NOTIFY THE PLANNING AND ZONING COMMISSION OF ANY ALTERATIONS IN THE PLANS FOR WHICH THIS PERMIT IS BEING ASKED. I HEREBY APPLY FOR A CERTIFICATE OF USE AND COMPLIANCE FOR THE ABOVE DESCRIBED USE AS DESCRIBED IN THE ABOVE APPLICATION FOR PERMIT.
SIGNATURE OF APPLICANT
SIGNATURE OF OWNER (IF DIFFERENT)
FOR OFFICE USE ONLY
PERMIT IS HEREBY: GRANTED PERMIT # DATE
DENIED REASON FOR DENIAL
ZONING ENFORCEMENT OFFICER
INSPECTED BY DATE DATE
2/15 The Town of Plymouth is an Equal Opportunity Employer and Provider