

**Town Of  
PLYMOUTH, MAINE**

**APPLICATION FOR PLAN EXAMINATION & BUILDING PERMIT**

Office of Code Enforcement  
P.O. Box 130  
Plymouth, ME 04969

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

Reference # \_\_\_\_\_

Instructions: Fill out both sides of this form and return to the CEO or Town Clerk for processing. Notification with determination will be made within a **14 day period**.

|                                 | Name | Mailing Address | Tel. # |
|---------------------------------|------|-----------------|--------|
| <b>Owner or Lessee</b>          |      |                 |        |
| <b>Contractor If applicable</b> |      |                 |        |
| <b>Architect If applicable</b>  |      |                 |        |

**I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.** \_\_\_\_\_

(Initial)

**Property Information:**

Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Book # \_\_\_\_\_ Page # \_\_\_\_\_

**Property Street Address:**  
No. \_\_\_\_\_ street \_\_\_\_\_  
*if no current address:*  
**Name of nearest neighbor** \_\_\_\_\_  
**Distance (in feet) to above neighbor's driveway?** \_\_\_\_\_

Lot acreage \_\_\_\_\_ Lot dimensions \_\_\_\_\_

Deed attached? Yes  No  (**Required** for new residential or commercial structure)

Tree Growth: Yes  No  (If yes) Acreage \_\_\_\_\_ Continue Tree Growth? \_\_\_\_\_  
*(if yes, attach Forest Management Plan)*

Zoning District \_\_\_\_\_ Subdivision \_\_\_\_\_ Access Road \_\_\_\_\_

**Road Maintenance is:**

state  town  private  (**Entrance Permit Required with application**)

(Note: if road is discontinued/abandoned or privately maintained, the resident accepts responsibility for maintenance and emergency vehicle access)

**Type and Cost of Improvement:**

- New Residential or Modular (**requires proper plumbing permits in advance**)
- Mobile Home or Double Wide (**requires proper plumbing permits in advance**)
- Garage  Accessory Building (specify) \_\_\_\_\_
- Addition  Alteration  Repair or Replacement  Foundation Only

**Total Estimated Cost of Improvement:** \_\_\_\_\_

*Note: The estimated cost of improvement is not necessarily the assessed value of the finished structure.*

**Non Residential:**

**Proposed Use** (describe in detail)

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**Estimated Cost:** \_\_\_\_\_

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**Building Improvement Characteristics:**

(please fill out *appropriate* section)

**Garage, Accessory Building** (including sheds, barns, etc.): dimensions \_\_\_\_\_

**Mobile Home or Doublewide:** (*Sales Tax Certificate must be attached*)

Dimensions \_\_\_\_\_ Year \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Cost: \_\_\_\_\_

Type of Sewage Disposal:  New  Replace/ Rehook

Water Source: \_\_\_\_\_

**New Residential:**  One-family  Multi-family **Dimensions:** \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Building Style (cape, ranch, etc): \_\_\_\_\_

Roofing Material \_\_\_\_\_ Siding Material \_\_\_\_\_

Foundation Material: \_\_\_\_\_

Foundation Size:  Full  ¾  ½  ¼  Slab  Crawl Space

Total # Rooms \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Full Baths \_\_\_\_\_

# partial baths \_\_\_\_\_

Type of Sewage Disposal (attach design):  New  Replace/ Rehook

Water Source: \_\_\_\_\_

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**Lot Sketch:**

(*required*)

**Authorization and Acceptance:**

I hereby certify that the above proposed work and information is authorized by the owner of record and that I am the owner or have been authorized by the owner to make this application as his/her/their authorized agent and I/we agree to conform to all applicable law of this jurisdiction. *I understand that a Certificate of Occupancy must be obtained from the CEO before anyone may occupy the premises.*

Signature of Applicant: \_\_\_\_\_ Printed name: \_\_\_\_\_

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

