



PARK PLYMOUTH

Plymouth Growth & Development Corporation

4 North Street, Suite 2

Plymouth MA 02360

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USE OF PARKING SPACE PERMIT APPLICATION

Applicant and Description of Project/Event

Date of Application: _____

Name of Applicant: _____ Address: _____

Phone: _____ Project Description: _____

Owner, Contractor, Organization (if not applicant): _____

Owner/Contractor Address: _____ Email: _____ Phone: _____

Name of Street/Lot, Location of Spaces Requested: _____

(Provide sketch of street if needed)

Project Start Date: ____/____/____ Total Days Required: _____ Completion Date: _____

Number of Spaces Requested: _____ Meter Number(s): _____

Purpose of blocking spaces: _____

If use of a dumpster is required, please provide dimensions and precise location: _____

List all materials, vehicles, equipment or structures that will occupy the spaces provided: _____

Certification of Compliance

I hereby attest that I have consulted with Town of Plymouth officials responsible for oversight – including but not limited to those in the Building Department (Inspectional Services), Police Department, Fire Department, and Health Department – and have obtained all necessary approvals or permits, including a Town of Plymouth Special Events Permit, required by regulation or policy to perform the work described above.

Applicant Name (Print): _____ Signature: _____

