



City of PLYMOUTH

Planning Department Neighbor Notification Form

When completed, please return this form to the City of Plymouth Planning Division located at 9426 Main Street (P.O. Box 429) Plymouth, CA 95669

PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Name of Applicant	
Address of Proposed Project	
Project Description	

NEIGHBORING PROPERTY OWNER'S RESPONSE

I have reviewed the plans for the project described above and have noted my comments below (please check one or more boxes):

<input type="checkbox"/>	I have no objections to the proposed project.
<input type="checkbox"/>	I would like City Staff to call or email me to discuss my concerns.
<input type="checkbox"/>	I am opposed to this proposal in its current form because
<input type="checkbox"/>	I would like a copy of the approval emailed to me.

Date	
Name	
Mailing Address	
Email Address	
Phone Number	

Please return this form to the Planning Division within ten (10) days of receipt or to the project applicant.