

Town of Goshen
Planning and Zoning Commission
42 North Street P.O. Box 187
Goshen, CT 06756

APPLICATION FOR ZONING PERMIT

Permit # _____ Date of Application _____

This Permit is hereby applied for in accordance with the requirements of the Town of Goshen Zoning regulations for:

New Construction Swimming Pool Addition Accessory Building
 Sign Other _____

Zoning District _____ Lot Area _____ Lot Frontage _____

Approval by Torrington Area Health District _____ yes, _____ No
Inland Wetlands Commission Approval _____ yes, _____ No

Property Location _____

Tax Assessor's Record Map# _____ Lot # _____

Applicant* _____ Property Owner _____

Address _____ Address _____

Phone _____ Phone _____

*If Applicant is different than property owner, we will need a Letter of Authorization for representation

Property Use: Single Family Residence Commercial Multi-Family Residence
 Sign Permit Other _____

Description of Proposal _____

Dimension _____ x _____ x _____ Height Liveable Floor Area _____

Plot Plan Attached Conforming All Aspects

Non-Conforming Does Not Conform Conforms Through Variance *

*Variance granted to _____ for _____ date _____

This Permit, if issued, is based on the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Goshen Zoning Regulations.

Permit Hereby: _____ issued _____ Denied

Reason for Denial

Fee \$75.00

____ Approved
____ Denied
____ Date

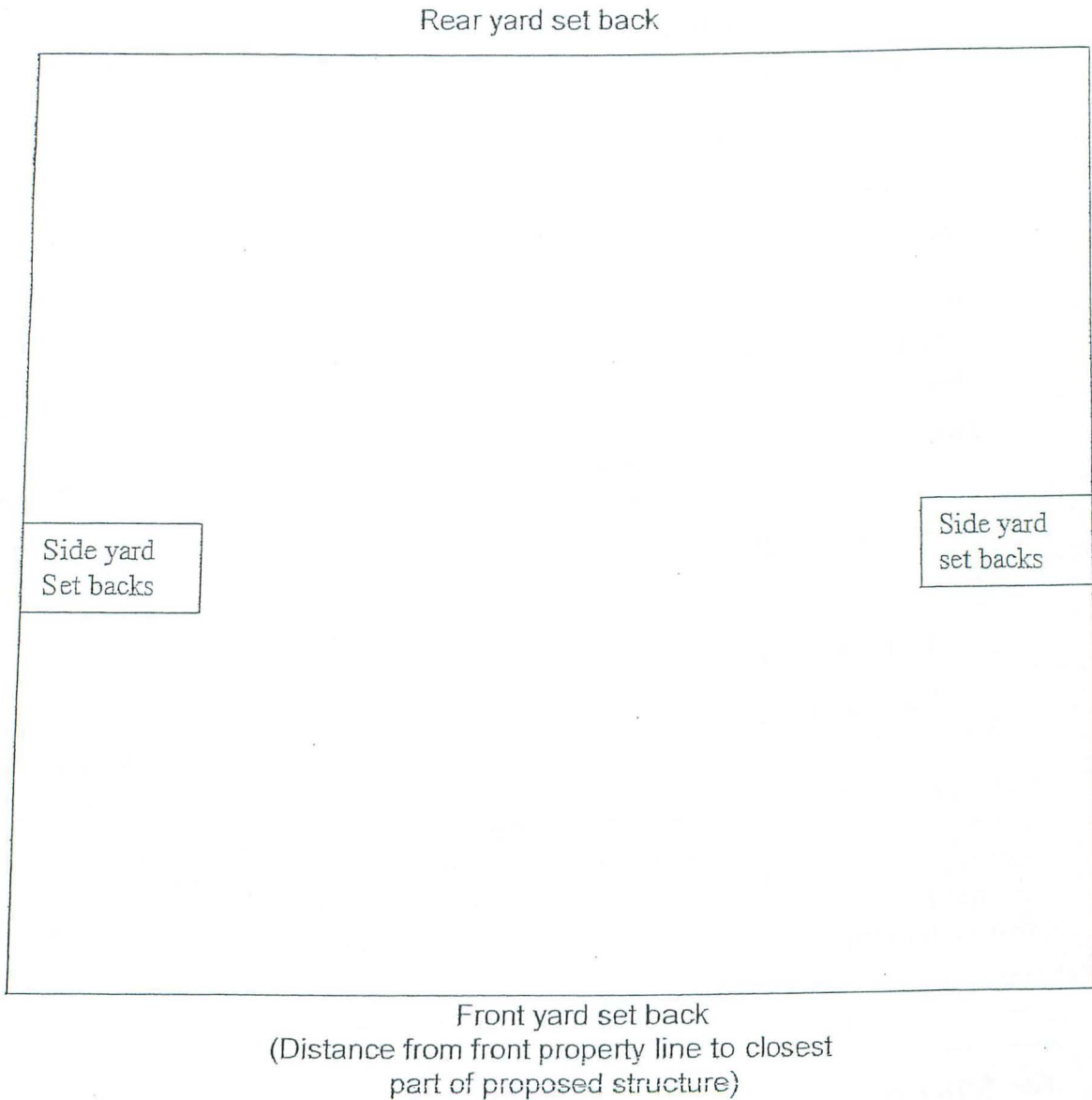
____ Applicant Signature

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Application for Zoning Permit

PLOT PLAN

Location: N S E W Side of _____ Street
House # _____ Lot # _____ Owner of Land _____
Interior or corner Lot _____ zone _____

Sketch plot plan below be sure to include front, rear and side yard set back as well as which direction is facing north



Information supplied by _____
Name