

Town of Goshen
42 North Street
Goshen, CT 06756

Zone Change/ Special Permit/ & Site Plan Approval

Application # _____

() Zone Change () Special Permit () Site Plan Approval

1. APPLICANT:

Name: _____ Phone: _____

Address: _____

Interest in property if not owner: _____

2. OWNER (S) OF RECORD:

Name: _____ Phone: _____

Address: _____

3. DESCRIPTION OF PARCEL:

Location: _____

Size: _____ Lot Frontage: _____

Assessor's Map # _____ Parcel # _____ Zone: _____

Present Use: _____

Within 500 feet of Town Border? _____ YES _____ NO

OFFICE USE ONLY:

Date submitted to adjacent towns _____ Date submitted to Reg. Plan Ass'n _____

4. NAME OF DEVELOPMENT(if applicable) _____

OFFICE USE ONLY

Application Denied? ___ yes ___ No - Reason for denial _____

5. REQUESTED ACTION:

a. () Zone Change: This applicant hereby request that said premises be changed from _____ Zone to _____ Zone.

b. () Special Permit: This applicant hereby request a special permit to _____

c. () Site Plan Approval: This applicant hereby requests Site Plan approval to _____

