Highway Boundary/Stonewall Removal Permit Refund Request Form

Date:_			
Public	Works Department		
	Town of Goshen 42A North Street Goshen, CT 06756		
42A No			
Goshe			
Attn:	Garret Harlow, Public Works Supervisor		
Re:	House/Lot Number & Street:		
	Permit Number:		
I hereb	by request a refund of my h	ghway boundary/stonewall removal permit payment of \$	
	re enclosed a signed and se ished, buried or relocated.	lled copy of an A-2 survey of the highway boundary stone wall removed, dismantled,	
	re enclosed a copy of the of s of the Town of Goshen.	icial receipt from the Town Clerk showing an A-2 Mylar map has been filed on the land	
Please	mail my refund check to th	e following address:	
	Name:		
		(Please Print)	
	Address:		
		Homeowner	
The re-		ed and stamped, has been received. The initial 50% of the permit fee may be	
Garret	Harlow		
	Public Works Supervisor		
receive of the	ed a copy of the official rece	operty and required monuments for compliance with his/her application. I have also ipt from the Town Clerk showing an A-2 Mylar map has been filed on the land records eviewed the map for compliance with Title 73. The remaining 50% of the permit fee	
	Harlow Works Supervisor	 Date	