



TOWN OF GOSHEN, CT

GOSHEN TOWN HALL
42A North Street Goshen, CT 06756
860-491-2308 ext.232

05/19/2023

Draft

SPECIAL PERMIT APPLICATION

[X] New Special Permit Application; \_\_\_ Amendment to Approved Special Permit

Applicant Information:
Name: Johanna Kimball
Address: 522 Sharon Tpke. Goshen CT 06756
Phone: 917-803-8139 Fax:
Email: rnkimball@gmail.com
Legal Interest:

Owner Information:
Name: TYWOOD ASSOCIATES LLC
Address: 61 SHARON TURNPIKE GOSHEN, CT 06756
Phone: 917-803-8139 Fax:
Email:
\_\_\_ Attached is documentation verifying ownership of the property.

Subject Parcel:
Address: 61 SHARON TURNPIKE
Size: 0.49 acres Zone: CB - Center Business Assessor's Map and Lot #: 05 031 00
Is the subject parcel within 500 ft. of the Town boundary? \_\_\_ yes [X] no

Requested Use:
Application is made under Section 3.5 of the municipal zoning regulations, requesting approval of the following use:
changing use from real estate office to retail shop

Relationship of Proposed Special Use to the Plan of Development:
The proposal is consistent with the Economic Section of the POCD.

**Benefits of Proposed Special Use to the Town:**

Improves the convenience of retail access at an established commercial location without putting undue burden on parking or traffic flow

**Parties of Interest\*:**

Engineer/ Architect Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Developer/ Builder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*Complete information in this section as applicable.

**Taxes:**

Are all real estate, sewer use, and sewer assessment taxes current?  yes  no

Attached is proof of payment. (Required)

**Fees:**

\$60.00 (State Fee) + Town Fee\* \$230.00 = \$290.00 (payable to the Town)

\* Town fee is established by Town ordinance. + \$10.00 (Processing)

**Signatures:**

Signature of Owner(s) TIMWOOD ASSOCIATES LLC Date: 05/19/2023

Signature of Applicant(s) Johanna Kimball Date: 05/22/2023

Torrington Area Health District  
350 Main St. - Suite A  
Torrington, CT 06790

**CHANGE OF USE APPLICATION**

Project Location: 61 Sharon Tnpk Goshen  
Street # Street Name Town

Owner Information: Roger Kimball P. O. Box 220 Goshen CT 06756  
Owner Owner Address Town ST Zip

Application Date 5-11-2023 Lot Size .49 AC. Septic Permit Number 10054

Information Supplied By: Roger Kimball Existing Records? yes

CURRENT USE Real Estate Office

PROPOSED USE RETAIL

STRUCTURE SIZE

NUMBER OF EMPLOYEES 4 OR NUMBER OF BEDROOMS 0

INSULATION? [X] CENTRAL HEAT? [X] TOILET FACILITIES [X] WELL [X]

The Application must be accompanied by a check made payable to T.A.H.D. in the amount of: \$ 55.00

Application shall be accompanied by a sketch or a plan: SKETCH

Signature of Applicant: Signature on File

T.A.H.D. USE ONLY BELOW THIS LINE

[X] APPROVED

[ ] DENIED

[ ]

Proposed change is still well below the Septic system design flow for the entire Plaza.

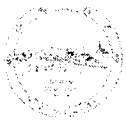
Richard Rossi

Sanitarian

5-11-2023

DECISION DATE

TAHD IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER



Property Information

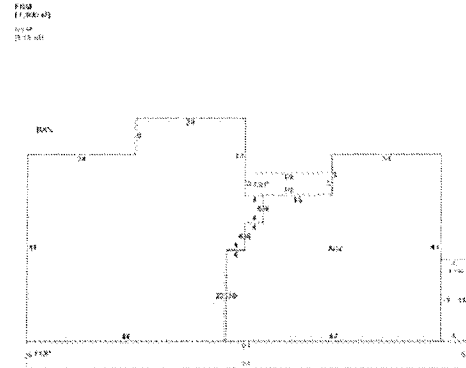
Property Location	61 SHARON TURNPIKE
Owner	TYWOOD ASSOCIATES LLC
Co-Owner	na
Mailing Address	PO BOX 220 GOSHEN CT 06756
Land Use	323 Nbhd Ctr
Land Class	C
Zoning Code	CB
Census Tract	

Neighborhood	C1
Acreage	0.49
Utilities	UNKNOWN
Lot Setting/Desc	UNKNOWN UNKNOWN
Book / Page	0118/0446
Additional Info	

Photo



Sketch



Primary Construction Details

Year Built	1976
Building Desc.	Nbhd Ctr
Building Style	Ret/Off Mix
Building Grade	C
Stories	1
Occupancy	3.00
Exterior Walls	Vinyl Siding
Exterior Walls 2	NA
Roof Style	Gable
Roof Cover	Asph/F Gls/Cmp
Interior Walls	Drywall/Sheet
Interior Walls 2	K PINE
Interior Floors 1	Hardwood
Interior Floors 2	Laminate Floor

Heating Fuel	Oil
Heating Type	Forced Air-Duc
AC Type	Partial
Bedrooms	0
Full Bathrooms	0
Half Bathrooms	0
Extra Fixtures	0
Total Rooms	
Bath Style	NA
Kitchen Style	NA
Fin Bsmt Area	
Fin Bsmt Quality	
Bsmt Gar	0
Fireplaces	0

(\*Industrial / Commercial Details)

Building Use	Commercial
Building Condition	G
Sprinkler %	NA
Heat / AC	Heat/AC Pkgs
Frame Type	Wood Frame
Baths / Plumbing	Average
Ceiling / Wall	Sus-Ceil & WL
Rooms / Prtns	Average
Wall Height	8.00
First Floor Use	NA
Foundation	NA

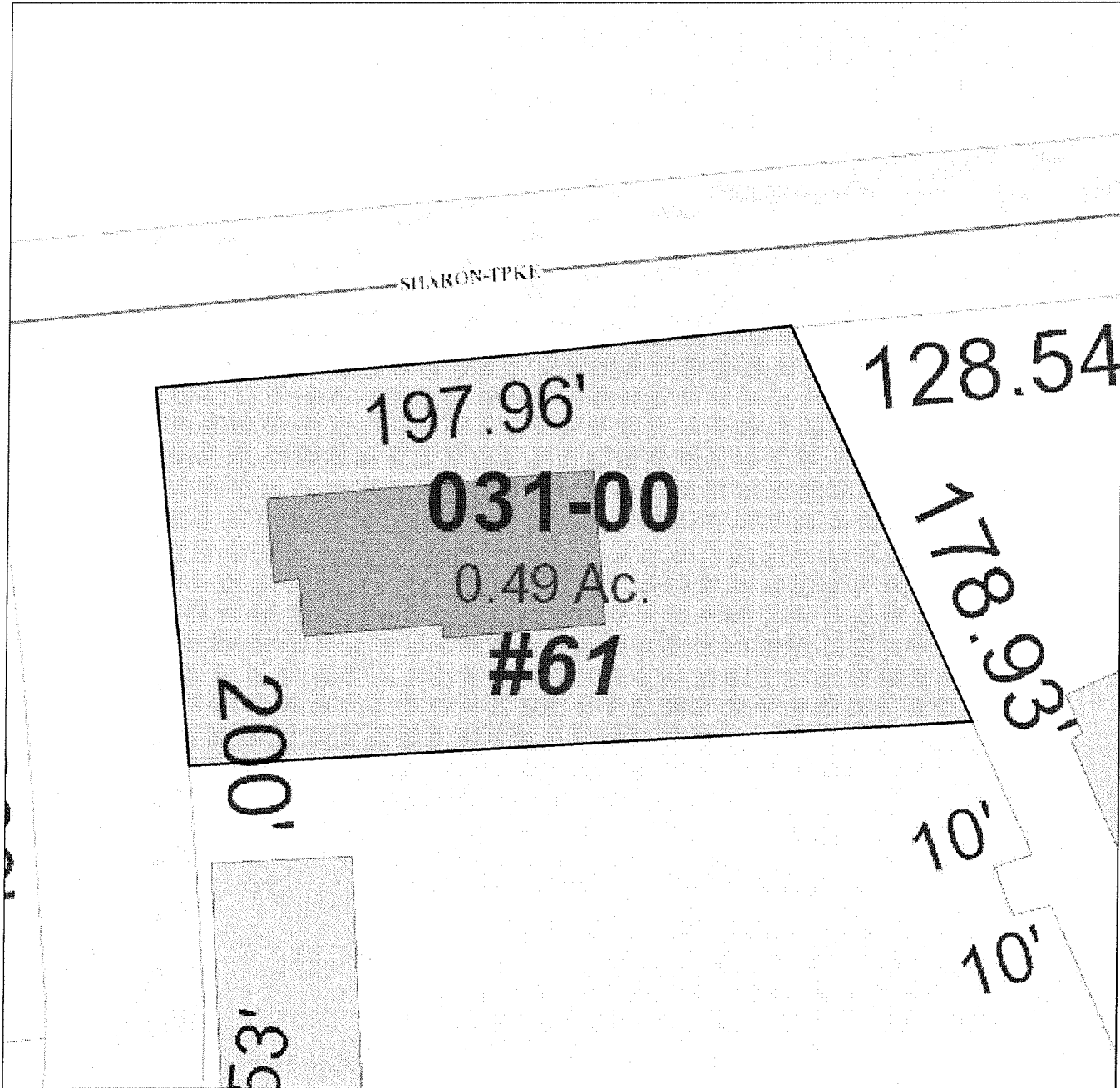


# Town of Goshen

Geographic Information System (GIS)



Date Printed: 5/9/2023



**MAP DISCLAIMER - NOTICE OF LIABILITY**

This map is for assessment purposes only. It is not for legal description or conveyances. All information is subject to verification by any user. The Town of Goshen and its mapping contractors assume no legal responsibility for the information contained herein.

Approximate Scale: 1 inch = 50 feet

