

Town of Goshen, Connecticut
42 North Street , Goshen, CT 06756-0187
Phone: (860) 491-2308

Town of Goshen
Planning and Zoning Commission
42A North Street
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 _____ Accessory Building
_____ Swimming Pool _____ Sign
_____ Addition _____ Other: _____

Zoning District: _____ Lot Area: _____ Lot Frontage: _____

Approved by Torrington Area Health District? _____ YES _____ NO
Approved by Inland Wetlands Commission? _____ YES _____ NO

Property Location: _____

Tax Assessor's Record Map #: _____ Lot #: _____

**Applicant: _____ Property Owner: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

**If Applicant is different from property owner, a Letter of Authorization for Representation will be needed.

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

Description of Proposal: _____

Dimension: _____ x _____ x _____ Height Livable Floor Area: _____

Plot Plan Attached? _____

Conforming in 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, 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 is Hereby: _____ Issued _____ Denied _____ Date: _____

