

TOWN OF GOSHEN
BUILDING AND ZONING DEPARTMENT
TOWN HALL, 41 WEBSTER AVENUE
GOSHEN, ORANGE COUNTY, NEW YORK 10924
TELEPHONE: (845) 294-6430

APPLICANT:

Name: _____
Address: _____
Telephone: _____
Date of Application: _____

* For billing purposes, please indicate where all bills should be sent.

OWNER(S)*:

Name: _____
Address: _____
Telephone: _____

* All owners of the property shall be listed. If there are more than two owners, attach an additional sheet setting forth their contact information to this application.

GENERAL INFORMATION:

Project Name: _____
Location: _____

Tax Map Number: _____ Section: _____ Section: _____
Block: _____ Block: _____
Lot: _____ Lot: _____
Total Acreage: _____ Zoning District(s): _____ Overlay District(s): _____

CONSULTANTS

Engineer: _____
Contact Information: _____
Surveyor: _____
Contact Information: _____
Architect: _____
Contact Information: _____
Attorney: _____
Contact Information: _____
Wetlands Delineator: _____
Contact Information: _____
Other: _____
Contact Information: _____

Has the Zoning Board of Appeals granted any variance or special permit concerning this property? _____

Specify: _____

Has the Town Board granted any special permit concerning this property? _____

Specify: _____

TYPE OF APPLICATION:

Subdivision: Sketch Minor Major Number of Lots Proposed: _____
Site Plan
Special Permit
Zoning Board of Appeals: Appeal Use variance Area variance Interpretation

* For ZBA Applications, attach an additional sheet setting forth the specific relief requested.

For Submission

Ag. Data Statement* 1 copy of the current deed(s) Copies of application, plans & EAF as per Building and Zoning Department

* If necessary. See § 97-47(C) - Agricultural Data Statements.

FOR OFFICE USE ONLY

Date Received: _____ Fees Paid: _____ Date Paid: _____ Copies: _____

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OWNER'S ENDORSEMENT

STATE OF NEW YORK:

SS:

COUNTY OF ORANGE:

_____ being duly sworn, deposes and says that he/she resides at _____ in the County of _____, State of _____ and that he/she is (the owner in fee) or _____ (official title) of the _____ corporation which is the owner in fee of the premises described in the foregoing application and that he/she has authorized _____ to make the foregoing application for subdivision plat approval as described herein and that he/she agrees to be bound by all statements, conditions and representations contained therein as if he/she had so petitioned.

Owner's Signature

Dated: _____

Sworn to before me this _____
day of _____, 20____

Notary Public

SITE INSPECTION AUTHORIZATION

I hereby give permission for the Town of Goshen's municipal agencies and their agents to come upon and inspect these premises with respect to this application for _____.

Section: _____

Block: _____

Lot: _____

Date: _____

Applicant's Signature: _____