

**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: <sup>9</sup> \_\_\_\_\_ 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: \_\_\_\_\_