

Goshen Township Planning and Zoning Department Zoning Application 6757 Goshen Road, Goshen, OH 45122 Ph: (513) 722-3400 Fax: (513) 722-3100

	Residential	Commer	cial		
Applicant Name			Date		
Email		Phone			
Mailing Address		City, Zip,,			
Person Requesting Application	(If not owner): Architect	○ Engineer ○ Contractor			
	Other				
Project Address					
Property Owner					
Owner Email		Ow	ner Phone		
	New Home C	Construction Only			
Subdivision Name _			Lot Number		
Гах Parcel Number		C	orner Lot? O No O Y	es	
Zoning District	Use Description				
O Pool O Fence/Wall O Satellite Dish/Antenna	gle-Family Dwelling OBU OPorch New N OLot Split/Consolidation	Multi-Family Dwelling O In-Home Occupation	O Driveway/Apron	O Deck	
	Number of Stories		Fence Height		
Proposed Setbacks:					
Front Yard	Rear Yard	Left Yard	Right Yard		
	S	Signs Only			
Sign Height	Si So	gn Dimension q ft per face			
proposed project according to the capplication, drawings and specification of any structure we rownship access to the property for	ersigned do hereby agree to comply we drawings and specifications submitter ations are to the best of their knowled with the exception of residential fence or review and inspection related to this attribute to the attribute to the action of	d herewith and certify that all of lge, true and correct. Lot consoli s or walls. The applicant and own is application.	the information and statement idation is required to obtain zo ner of the real property agree t	ts given on this oning approval for	
Applicant's Signature			Date		
Property Owner's Signature			Date		
ZONING APPROVED BY:		DATE:			
DATE PERMIT ISSUED:		APPLICATION	NUMBER:		
Rev: 03-28-23					