

Goshen Township Planning and Zoning Department

Board of Zoning Appeals Application

APPLICATION NUMBER
DO NOT WRITE IN THIS SPACE

FEE SCHEDULE		
TYPE:	Residential	Commercial
Appeals:	\$200	\$300
Variance:	\$300	\$500
Conditional Use:	\$1,400	\$1,400

Project Address: _____

NAME	STREET ADDRESS	CITY	ZIP	PHONE	EMAIL
Owner					
Contractor					
Applicant					

State in detail all existing and proposed uses of this building or premises:

BZA Action Requested (Check all that apply):

Appeal: _____ Non-Conforming Use: _____ Conditional Use: _____ Variance: _____

Square Footage: _____ **USE:** _____ **Height:** _____

The owner of this project and undersigned do hereby certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct. The applicant and owner of the real agree to grant Goshen Township access to the property for review and inspection related to this Board of Zoning Appeals application.

Note: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.

Property Owner Signature Date

Applicant Signature Date