

APPLICATION FOR A SPECIAL EXCEPTION

To: Zoning Board of Adjustment,
Town of Goshen, NH

Do not write in this space: Case No: _____ Date filed: _____ _____ (signed - ZBA)

Name of Applicant _____

Mailing Address _____

_____ Telephone _____

Property Owner _____

(if same as applicant, write "Same")

Mailing Address _____

Location of property _____

(Street Address)

Tax Map No. _____ Lot No. _____ Zoning District _____

NOTE: This application is not acceptable unless all required information is provided. Additional information may be supplied on a separate sheet if necessary. This application must be accompanied by a plan or sketch illustrating the proposed use and its compliance with the applicable Special Exception criteria.

APPLICATION FOR A SPECIAL EXCEPTION

Description of proposed use showing justification for a special exception as specified in the

Section _____ of the Zoning Ordinance.

Explain how the proposal meets the special exception criteria as specified in Section _____ of the Zoning Ordinance: (list all criteria from ordinance)

Criteria 1 - _____

Criteria 2 - _____

Criteria 3 - _____

Applicant _____ Date _____
(Signature)