



124 N Church St
PO Box 07
Goshen, AR 72735
Phone: (479) 442-9128 x 1
llawson@cityofgoshenar.net

Conditional Use Permit Application

Person of Contact: ____ Applicant ____ Representative

Applicant (Owner ☐ yes ☐ no)

Representative (engineer, surveyor, realtor, etc.)

Name _____

Name _____

Address _____

Address _____

Email _____

Email _____

Phone _____

Phone _____

Give exact street address and describe location of property: _____

Current Zoning District: _____ (R-1, RR, B-1 or B-2)

Type of conditional use being requested (refer to City Zoning Regulations to see list of conditional uses permitted in each zoning district). _____

Structure Design Representative: (Architect, Engineer, etc.) _____

Phone: _____ Email: _____

Structure Construction Representative: (Contractor) _____

Phone: _____ Email: _____

*** Submit a site plan showing ingress, egress, parking and all other information required in



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Section 8-C.1 of the City of Goshen Zoning Regulations. Failure to supply the Commission with necessary information could delay consideration of this application.

Applications, along with supporting documentation, should be turned in to City Hall with the \$200 application fee (per Ordinance 121). Upon determining that the application is proper and complete the matter will be set for a public hearing before the Planning Commission.

Applicant/Representative: I certify under penalty of perjury that the foregoing statements, data, drawings, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that incorrect or false information submitted is grounds for dismissal of this application. I understand that the City may not approve this application or may set conditions upon its approval.

Name (print): _____ Date: _____

Signature: _____

For Office Use	
Application Received	
Fee Received/Receipt #	
Forwarded to PC	
Notice Published	
Public Hearing	