

PERMIT APPROVAL AMENDMENT MODIFICATION APPLICATION



TOWN OF MONROE
PLANNING & ZONING DEPARTMENT
7 Fan Hill Road, Monroe, CT 06468
Tel. (203) 452-2812

FOR OFFICE USE:

App Number – _____

File Number – _____

Project Name: _____

Planning and Zoning Project Type proposed to be amended:

SEP (Special Exception Permit) SDP (Site Development Plan) SUB (Subdivision) EFP (Excavation/Fill)

PZC Project #: _____ PZC File #: _____ Date of Approval: _____

Street Address: _____

Assessor Map _____ and Lot _____ Zoning District: _____ Lot Acreage: _____

Description of Proposed Modification(s):

❖ **TAKE NOTE:** *It is the applicant's responsibility to provide all the information the Commission will need in order to process the application and make a fair determination of the issues. If an applicant fails to supply timely or sufficient information, it may result in delay, denial of the application, or both. Applicants are highly recommended to be represented by qualified representatives and to consult the Town of Monroe Plan of Conservation and Development, as well as the detailed application requirements and standards set forth in the Town of Monroe Subdivision, Zoning and Inland Wetlands Regulations.*

- **Pre-Submission Conference** – Contact the Planning and Zoning Administrator (203-452-2812) to schedule one or more preliminary pre-submission conferences with staff (*this is highly recommended*).
- **Formal Application Submission** – Provide **eleven (11) paper application sets (plans folded and materials collated into individual sets)** and **one (1) pdf CD** including the following materials: (a) signed application form; (b) supporting application narrative; (c) supporting investigative and impact analyses reports; and (d) complete set of Site Plans. The application submission will be reviewed by the **Commission** and the Town's **Application Review Team (ART)** consisting of Department Staff from Planning and Zoning, Engineering, Wetlands, Fire Marshal, Police (traffic authority), Health and Building.
- **Sealed and Certified Plans** – All required A-2 and T-2 Surveys, Site Plans, Architectural Plans and supporting analyses Reports as prepared by consultant engineers, surveyors, landscape architects, architects, etc. must be current and include an original seal and live signature certification.
- **Project Timeline** – Following official receipt of an application, a **Project Timeline** listing milestone dates and actions to be followed during the review will be emailed to the applicant's Primary Project Contact.
- **ARB** – For new or modified commercial, industrial and multifamily residential buildings and structures, a separate application to the Monroe Architecture Review Board (ARB) may also be required. **Application to ARB includes completion of an ARB specific separate application form and plan copies.**

APPLICATION FEE

Permit Approval Amendment Modification Fee:..... \$ 275.00
Connecticut State Surcharge:..... \$ 60.00
Payable to the Town of Monroe **TOTAL APPLICATION FEE: \$ 335.00***

**Include driver's license number and telephone number on fees paid with a personal check.*

CONTACT INFORMATION

1. **Primary Contact Name:** _____
Business Address: _____
Phn/Cell: _____ Email: _____

Required

2. **Owner's Name:** _____
Address: _____
Phn/Cell: _____ Email: _____

Required

PROJECT SITE INFORMATION

3. **Is the property located within a flood plain?**
 No Yes If "yes" 100-year 500-Year **Contact Flood Plain Administrator at 203-452-2812.**

4. **Is the property located within 500 feet of a town boundary?**
 No Yes **Abutting town(s):** _____

5. **Is the property subject to an existing conservation or preservation restriction (i.e., Conservation Easement)?**
 No
 Yes **Provide a notarized statement pursuant to CT Public Act 05-124 indicating:**
 ▪ **The proposed application involves only interior building alterations; OR**
 ▪ **Written notice of such application has been sent by certified mail, return receipt requested, not later than sixty (60) days prior to the filing of the application to the party holding the conservation or preservation Restriction; OR**
 ▪ **In lieu of notice, provide a letter from the holder or holder's authorized agent, verifying that the application is in compliance with the terms of the restriction.**

6. **Is the property located within a public water supply watershed?**
 No
 Yes **Name of watershed:** _____

NOTE: **Within seven (7) days of application submission, the applicant is required to also send a copy of the application to the Aquarion Water Company of Connecticut, 714 Black Rock Road, Easton, CT 06612, and to the Connecticut Commissioner of Public Health, 410 Capitol Avenue, Hartford, CT 06106; and provide evidence documenting same to the Planning and Zoning Department.**

PROJECT CHANGES

7. **Does the proposed modification affect areas of regulated inland wetlands/watercourses or other water related resources on or within 100 feet of the property; and/or a named watercourse within 150 feet?**

No Yes Affected how? _____

(If YES, contact the Inland Wetlands Department 203-452-2809 prior to proceeding with this application.)

8. **Does the proposed modification involve a change or new use of the property or building?** No Yes

Existing Use _____ New or Modified Use _____

9. **Does the proposed modification alter the approved building size or exterior appearance?**

No Yes Affected how? _____

(If YES, may require referral and additional application to ARB; see P&Z Staff for timing and application).

10. **Does the proposed modification require a permit or modification from other permit agencies?** No Yes

Agency _____ Status _____

Agency _____ Status _____

11. **Does the proposed modification affect the approved site layout and/or site grading?** No Yes

Does the proposed modification involve interior building alterations or changes? No Yes

Does the proposed modification seek to alter a timing aspect of the standing approval? No Yes

Does the proposed modification affect traffic generation or site access? No Yes

Does the proposed modification alter required minimum off-street parking/loading? No Yes

Does the proposed modification affect approved water supply, septic or other site utilities? No Yes

Does the proposed modification affect approved stormwater management controls? No Yes

Does the proposed modification affect approved landscaping and/or landscape buffer areas? No Yes

Does the proposed modification alter or affect zoning compliance? No Yes

If YES to any of the above, provide an explanation and description (attached additional sheets as necessary):

