

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).
- **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: _____

2. **Owner's Name:** _____

Address: _____

Phn/Cell: _____ Email: _____

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: Per CGS §8-3i, within seven (7) days of application submission, the applicant is required to NOTIFY 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. For sample notification letters see link below:

[http://www.monroect.org/filestorage/467/469/976/1027/Notification to Aquarion %26 DPH PZC.pdf](http://www.monroect.org/filestorage/467/469/976/1027/Notification%20to%20Aquarion%20DPH%20PZC.pdf)

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 New or amended Wetland Permit: obtained and attached pending

How Affected _____

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 (attach additional sheets as necessary)

I(we) hereby certify that I(we) make this application as or on behalf of and with the full authority of the owner(s) of the property or premises and am aware of and understand the Zoning, Subdivision and Inland Wetlands Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, all the undersigned hereby authorizes the Town of Monroe and its agents, to access the premises for the purpose of application investigation, site review, inspection of improvements or construction, and enforcement of the Town’s Regulations and Ordinances, and the General Statutes of the State of Connecticut, as may be applicable.

All the undersigned warrant the truth of all statements contained herein and in all supporting documents according to the best of their knowledge and belief. Further, all the undersigned understand and agree that the Planning and Zoning Commission and/or its Staff/Consultants may request additional information and it is the applicant’s/owner’s responsibility to provide this information in a timely fashion and to the Commission's satisfaction. If the information provided is incomplete or inaccurate, the Commission may deny the application or request an extension to be granted by the applicant/owner in order to act within applicable legal time limits.

This agreement shall be binding on all heirs, executors, administrators, successors and assigns of all undersigned.

APPLICANT(S) – (Both Applicant and Owner Notarized Signatures are Required)

Applicant Name Printed Authorized Signature Date

Additional Applicant Authorized Signature Date
(Provide additional sheets as needed)

Subscribed and sworn to by _____ on this day of _____, 20____, before me:

Notary Public, Justice of the Peace, Commissioner of the Superior Court

Please note the following: This application must include the owner’s signature and notarization or a written, notarized consent to submit this application, signed and dated by the owner.

OWNER(S) – (Both Applicant and Owner Notarized Signatures are Required)

Owner Business Name

Authorized Member Name Printed Authorized Signature Date

Subscribed and sworn to by _____ on this day of _____, 20____, before me:

Notary Public, Justice of the Peace, Commissioner of the Superior Court