

REGULATION AMENDMENT PETITION APPLICATION



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

FOR OFFICE USE:

RAA – _____

File Number – _____

Project Name: _____

Amend Subdivision Regulations §: _____

Amend Zoning Regulations §: _____

REQUIRED FORMAT OF PROPOSED TEXT AMENDMENT

Proposed new text:	<u>Bold Double Underlined Text</u>
Existing text to be deleted:	Strikeout Text
Existing text to remain	Regular Text

Attach Project Narratives as required by the Zoning Regulations.

- ❖ **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.
- **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.

APPLICATION FEE

Regulation Amendment Petition Base Fee:..... \$ 675.00
Connecticut State Surcharge..... \$ 60.00

Payable to the Town of Monroe **TOTAL APPLICATION FEE: \$ 735.00***

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

APPLICATION INFORMATION

1. Zoning districts affected (check all that apply):

Residential: RF-1 RF-2 RF-3 ARR MFR RR-2 HOD

NonResidential: B-1 B-2 LOR I-1 I-2 I-3

2. Brief description and purpose of proposed text amendment:

3. Supporting Analysis and Project Narrative:

Refer to Zoning Regulations §9.2

- **Attach Project Narrative as required by the Zoning Regulations.**
- **Attach supporting analysis, figures or other diagrams supporting proposed zoning text amendment.**

PRIMARY PROJECT CONTACT

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

The Primary Project Contact will be sent all correspondence (primarily via email) during the course of the project review and is responsible for distributing to the other project representatives.

PROJECT TEAM INFORMATION

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

6. Applicant's name: _____
Address: _____
Phn/Cell: _____ Email: _____
Interest in property: Owner Contract Vendee Tenant Other _____

7. Application Professionals *Name* *Phone/Cell* *Email*
Surveyor: _____
Engineer: _____
Landscape Architect: _____
Architect: _____
Other: _____

8. Does the proposed text amendment affect any lands located within 500 feet of a town boundary?

No Yes **Abutting town(s):** _____

9. Does the proposed text amendment affect any lands 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.

10. Is the proposed text amendment related to a subsequent site specific project or location?

No Yes What / Where: _____

Attach a separate narrative detailing response.

11. Will the proposed text amendment create any non-conforming conditions within existing properties?

No Indicate how that was determined: _____

Yes How: _____

Attach a separate narrative detailing response.

12. Does the proposed text amendment impact or relate to existing or new Town infrastructure facilities?

No Yes If yes, what or how _____

Attach separate narrative detailing response.

13. How is the proposed text amendment consistent with the Plan of Conservation and Development (POCD)?

Attach a separate narrative detailing response.

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