

SPECIAL EXCEPTION PERMIT APPLICATION



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

FOR OFFICE USE:

SEP – _____

File Number – _____

Project Name: _____

Street Address: _____

Zoning District(s): _____

Assessor Map #: _____ Lot #: _____ Acreage: _____ Deed: Volume # _____ Page # _____

Brief Description: _____

(Also attach Project Narrative as required in 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; (d) 100-foot abutters list; and (e) 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

Special Exception Permit 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. **What is the origin of the subject property (i.e., when and how was the current lot created?):**

List recorded survey or maps of lot origin (survey, subdivision, resubdivision, lot line adjustments)

2. **Supporting Maps and Project Narrative:** **Refer to Zoning Regulations Article 8**

Attach all required Maps, Reports and Project Narratives as required by the Zoning Regulations.

APPLICANT PRIMARY PROJECT CONTACT

3. **Primary Contact Name:** _____

Business Address: _____

Phn/Cell: _____ Email: _____

The applicant's 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 applicant representatives.

PROJECT TEAM INFORMATION

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

Address: _____

Phn/Cell: _____ Email: _____

5. **Applicant's name:** _____

Address: _____

Phn/Cell: _____ Email: _____

Property interest: Owner Contract Vendee Tenant Other _____

6. **Application Professionals** ***Name*** ***Phone/Cell*** ***Email***

Attorney: _____

Surveyor: _____

Engineer: _____

Landscape Architect: _____

Architect: _____

Other: _____

7. **Is the property located within a floodplain?** No Yes 100-year 500-Year
Proposed structures or grading in floodplain? No Yes **Contact Flood Plain Administrator 203-452-2812.**

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

9. **Is the property subject to an existing conservation or preservation deed restriction?**
 No
 Yes **Provide a notarized statement pursuant to CGS §47-42d:**

- **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.**

10. **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 an application submission, the applicant is required to NOTIFY the Aquarion Water Company of Connecticut, 714 Black Rock Road, Easton, CT 06612, and 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

11. **Are there inland wetlands, watercourses, lakes or ponds or other water related resources on or within 100 feet of the property; and/or is there a named watercourse within 150 feet of the property?**
Attach Soil Scientist inspection report/verification and delineation report and survey map.
 No Yes Area of property regulated _____(ac) _____ (% of property)
Contact the Inland Wetlands Department 203-452-2809 prior to proceeding with this application.

12. **Previous or Current Wetland Permits or Violations for Property (list Wetland File #s and dates):**

13. **Is or will the property/project be a major traffic generator (>100,000 SF of building or > 200 vehicles)?**
 No Yes **Provide a copy of STC Certificate (if existing) or new Certificate of Determination.**

14. **Does the application involve a "change of use" of an existing building or facility?**
 No Yes From _____ to _____

15. **Are new or expanded septic disposal systems proposed?** No Yes **Attach plans and flow confirmation.**
 Subject to Monroe Health Department Approval Subject to State Health Department Approval

16. Is public water service available at this property?

- No Will use existing private well Will use new private well Will extend water main
 Yes Will use existing connection Will upgrade connection Not planning connection

Nearest Public Water Main: Street Location _____ Distance: _____ (ft)

17. Describe topographic conditions and assess to what extent slopes 15% and greater may limit development potential or which otherwise require specialized engineering to support future development?

_____ ac (25% and greater) _____ ac (15-15%) _____ ac (10-15%) _____ ac (0-10%)

Attach a separate narrative with a Slopes Map showing the location and acreage of sloped areas:

18. Will Storm Water Detention and/or Retention be needed for this proposal?

- No **Provide reasons - attach additional sheets as necessary:**

- Yes **Provide list of provisions - attach stormwater report or additional sheets as necessary:**

19. Have Storm Water Quality Control measures been included in this proposal?

- No **Provide reasons - attach additional sheets as necessary:**

- Yes **Provide list of measures - attach stormwater report or additional sheets as necessary:**

20. Have Low Impact Development (LID) measures been considered as additional features for this proposal?

- No **Provide reasons – attach stormwater report or additional sheets as necessary:**

- Yes **Provide list of LID measures - attach stormwater report or additional sheets as necessary:**

21. Have any Zoning Board of Appeals variances been granted related to the property?

- No Yes **List variances obtained with respective ZBA File # and date of approval:**

22. Are any waivers of the Zoning Regulations application requirements requested?

- No Yes **Attach a separate written request and rational in support thereto.**

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
(Provide additional sheets as needed)

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

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