

# STATUTORY TIME EXTENSION APPLICATION



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

*FOR OFFICE USE:*  
**EXT** – \_\_\_\_\_  
Fee: \$225.00  
*Payable to "Town of Monroe" \**  
Date Paid – \_\_\_\_\_

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

Project Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Assessor Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zoning District: \_\_\_\_\_

Approved Permit Type:

- SDP Site Development Plan       SEP Special Exception Permit       SUB Subdivision / Resubdivison
- ZCA Zone Boundary Change       RAA Text Amendment       EFP Excavation / Fill Permit
- SRA Scenic Road       Other \_\_\_\_\_

Approved Permit # \_\_\_\_\_, File # \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Date of Pending Expiration: \_\_\_\_\_ Length of Extension Requested: \_\_\_\_\_

Status of Project: \_\_\_\_\_

Reasons for Need of Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Phn/Cell \_\_\_\_\_

Owner Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Phn/Cell \_\_\_\_\_