

# HOME OCCUPATION APPLICATION



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

*FOR OFFICE USE:*  
**ZCC** – \_\_\_\_\_  
 Permit Fee: \$110.00  
 Date Paid \_\_\_\_\_

*Cash or Check accepted, Payable to "Town of Monroe"*

**Property Identification and Underlying Zoning District**

- RF-1 – Residential and Farming District 1
- RF-2 – Residential and Farming District 2
- RF-3 – Residential and Farming District 3
- HOD – Housing Opportunity District

Date of Application: \_\_\_\_\_ Assessor Map & Lot #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home Occupation Name (LLC, DBA, INC.): \_\_\_\_\_

Homeowner Name: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(if different than Home Street Address)*

Location of Home Occupation in Principal Dwelling: \_\_\_\_\_

Total Home Floor Area \_\_\_\_\_ square feet *(including space of home occupation)*

Home Occupation Floor Area \_\_\_\_\_ square feet Percentage of Total \_\_\_\_\_ %

Number of Nonresident Employees  None (0)  One (1)

*(more than one (1) nonresident employee requires a Home-Based Business Special Exception Permit from the P&Z Commission)*

**Permit Approval Review**

Department	Date	Signature
<input type="checkbox"/> Tax Collector		
<input type="checkbox"/> Monroe Health Department		
<input type="checkbox"/> Historic District		
<input type="checkbox"/> Inland Wetlands		
<input type="checkbox"/> Zoning Enforcement Officer		
<input type="checkbox"/> Building Department		
<input type="checkbox"/> Fire Marshal		
<input type="checkbox"/> Assessor's Office		
<input type="checkbox"/> Town Clerk		

**Brief description of the Home Occupation and its daily operations:**

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**Building – Any proposed interior or exterior building changes?**

- NO       YES – Describe Proposed Changes and Attach Scaled Building Plans:

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**Site – Any proposed site improvements? SEE ALSO §8.2.3C(2) through (9)**

- NO       YES – Describe Proposed Changes and Attach Scaled Site Plan and Details:

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**Signs – Is a sign proposed?**

- NO       YES – Attach Scaled Detail Drawing of Sign  
*(a non-illuminated, maximum two (2) square-foot sign identifying only the name and home occupation is permitted)*

**Applicant /Owner Certification**

I hereby certify that I am making this application 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 and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Falsification, by misrepresentation or omission, or failure to comply with any conditions of issuance shall constitute a violation of the Monroe Zoning Regulations, and make the certificate subject to revocation or suspension. Further, the undersigned hereby authorizes the Town of Monroe and its agents, to access the premises during normal and reasonable business hours for the purpose of application investigation, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, or General Statutes of the State of Connecticut, as may be applicable.

I understand that any issued Provisional Certificate of Zoning Compliance will be based upon the application documents submitted. The Permanent Certificate of Zoning Compliance will be issued based upon determination to the satisfaction of the Zoning Enforcement Officer that completed work complies with the standards of the Monroe Zoning Regulations.

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print Name Signature*

Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print Name Signature*