

CHANGE OF TENANT/BUSINESS 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 (\$50 Town / \$60 State)
 Payable to "Town of Monroe" *
Date Paid – _____

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

Property Identification and Underlying Zoning District

- B-1 – Business District 1 (\$4.1)
 B-2 – Business District 2 (\$4.2)
 LOR – Limited Office Retail District (\$5.1)
 I-1 – Industrial District 1 (\$4.3)
 I-2 – Industrial District 2 (\$4.3)
 I-3 – Industrial District 3 (\$4.3)

Business Street Address: _____

Building or Suite #: _____ **Assessor Map #** _____ **Lot #:** _____

Business Name: _____

Business Owner: _____ **Email** _____ **Phone** _____

Mailing Address: _____

Property Owner: _____ **Email** _____ **Phone** _____

Mailing Address: _____

Vacating or Previous Use _____

Permit Approval Review

Department	Date	Signature
<input type="checkbox"/> Tax Collector		
<input type="checkbox"/> Monroe Health Department		
<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		

Vacating or Prior Use _____

Proposed New Use _____

Include a brief description of the operations of the new business to be conducted at this location:

- Use Narrative – Attach detailed USE NARRATIVE describing the use, functions and operations of the use.
- Floor Plan Required – Attach scaled FLOOR PLAN of the tenant space to be occupied showing internal layout.

Building – Any Proposed Interior or Exterior Building Changes

- NO
- YES – Describe Proposed Changes:

Site – Any Proposed Site Improvements

- NO
- YES – Describe Proposed Changes:

Signs – Any Proposed Building or Freestanding Sign Changes (at this time)

- NO
- YES – Attach Separate Permanent Sign Application

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: _____
Print Name *Signature* *Date*

Business Owner: _____
Print Name *Signature* *Date*