

RESIDENTIAL ACCESSORY SHED

(for sheds under 200 sf only)

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"

Residential Accessory Shed (check all that apply):

- NEW
 REPLACEMENT
 TO BE BUILT ON SITE
 PRE-CONSTRUCTED (DROP IN PLACE)
 ELECTRIC SERVICE
 YES
 NO
 PLUMBING SERVICE
 YES
 NO

Note: electric and/or plumbing require separate Trade Permits from the Monroe Building Department

CALL BEFORE YOU DIG 1-800-922-4455 B.U.D. # _____

DIMENSIONS: _____ (ft long) X _____ (ft wide) X _____ (ft high) **Floor Area:** _____ (sf)

BASE / FOUNDATION TYPE: _____

PROPOSED SHED USE: _____

Property Identification and Zoning District
 RF-1
 RF-2
 RF-3
 ARR
 MFR
 RR
 HOD

Street Address: _____ **Assessor Map #** _____ **Lot #:** _____

Record Owner: _____ **Email** _____ **Phone** _____

Mailing Address: _____

Applicant (if different): _____ **Email** _____ **Phone** _____

Mailing Address: _____

If the location of the shed was subject to a Zoning Board of Appeals Area Variance

ZBA File No. _____ Date Variance Granted _____ Town Clerk Record Page # _____ Volume # _____

Describe Variance _____

PERMIT APPROVAL REVIEW REQUIRED

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		

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.

Owner: _____
Print Name *Signature* *Date*

Applicant: _____
Print Name *Signature* *Date*

OFFICE USE ONLY

Paid Fee \$ _____ Date Paid _____

Certificate # ZCC- _____

Provisional Certificate of Compliance Issue Date _____

Permanent Certificate of Compliance Issue Date _____

Application Reviewed by _____ Date _____

Plot Plan Attached Plot Plan Not Required As-Built Required As-Built Not Required

NOTE:

- **Provisional Certificate is Void One (1) Year from Date of Issuance**
- **Permit Fees are NOT refundable or transferable after Issuance of any Certificate**