



TOWN OF MONROE
Economic Development
7 Fan Hill Road, Monroe, Connecticut 06468

1. **Name of person/entity submitting application (including all principals):**

2. **Mailing address:** _____

3. **Telephone number:** _____ **Email:** _____

4. **Property location for which tax abatement is requested:**

Assessor's ID Number: _____ **Location:** _____

5. **Do you own or lease this property?** _____

6. **If you lease, provide:**

Owner: _____

Mailing address: _____

Telephone number: _____

Date of lease agreement/duration of lease agreement:

From: _____ To: _____

7. **Please check which is applicable:**

New Construction ___ Industrial ___ Commercial ___

Rehabilitation ___ Industrial ___ Commercial ___

8. **Estimated value of improvements:** _____

Basis for this estimate: _____

9. **Please check which use is applicable:**

Office ___ Retail ___ Manufacturing ___

Warehouse ___ Storage ___ Distribution ___

Other (please explain) _____



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10. Provide a description of your project including: estimated cost of the improvements; impact on employment (new jobs created as well as existing jobs retained); fiscal impacts; time frame. Please provide any additional information you feel may be relevant for the tax abatement review committee to consider.

11. Provide information on all State or Federal abatement or incentive program(s) that you have applied for, will apply for, or have received.

12. Attach site map or plot plan for the project, plus surveys and specifications.

13. Attach qualifications and financial responsibility to execute the project.

Signature of Applicant: _____

Date Submitted to Economic Development Coordinator ____/____/____

Date Submitted to Tax Incentive Program Review Committee: ____/____/____

Recommendation of Tax Incentive Program Review Committee:

Application denied: _____

Reason: _____

Application approved with the following recommendation:

_____ % off assessed improvement year 1

_____ % off assessed improvement year 2

_____ % off assessed improvement year 3

_____ % off assessed improvement year 4

_____ % off assessed improvement year 5

_____ % off assessed improvement year 6

_____ % off assessed improvement year 7

First Selectman

Date



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Recommendation of Legislative and Administrative Committee:

Application denied: _____

Reason: _____

Application approved with the following recommendation:

- _____ % off assessed improvement year 1
- _____ % off assessed improvement year 2
- _____ % off assessed improvement year 3
- _____ % off assessed improvement year 4
- _____ % off assessed improvement year 5
- _____ % off assessed improvement year 6
- _____ % off assessed improvement year 7

Legislative and Administrative Committee Chairperson

Date

Decision of Town Council:

Application denied: _____

Reason: _____

Application approved as following:

- _____ % off assessed improvement year 1
- _____ % off assessed improvement year 2
- _____ % off assessed improvement year 3
- _____ % off assessed improvement year 4
- _____ % off assessed improvement year 5
- _____ % off assessed improvement year 6
- _____ % off assessed improvement year 7

Town Council Chairperson

Date