ZONE BOUNDARY CHANGE PETITION APPLICATION

TOWN OF MONROE
PLANNING & ZONING DEPT.
7 Fan Hill Road, Monroe, CT 06468
(203) 452-2812
www.monroect.gov

ZCA – _____

File Number _____

Project Name: _____

Street Address: _____

Subject Property – Assessor Map Number: _____ **Lot Number**: _____ **Lot Acreage**: _____

Existing Zoning District: _____ **Existing Acreage:** _____

Proposed Zoning District: _____ **Changed Acreage:** _____

❖ ***TAKE NOTE: It is the applicant's responsibility to provide all the information the Commission will need in order to process the application and make a fair determination of the issues. If an applicant fails to supply timely or sufficient information, it may result in delay, denial of the application, or both. Applicants are highly recommended to be represented by qualified representatives and to consult the Town of Monroe Plan of Conservation and Development, as well as the detailed application requirements and standards set forth in the Town of Monroe Subdivision, Zoning and Inland Wetlands Regulations.***

- **Pre-Submission Conference** – Contact the Planning and Zoning Administrator (203-452-2812) to schedule one or more preliminary pre-submission conferences with staff (***this is highly recommended***).

- **Formal Application Submission** – Provide **eleven (11) paper application sets** (***plans folded and materials collated into individual sets***) **and one (1) digital pdf by CD/email or link** including the following: (a) signed application form; (b) supporting application narrative; (c) supporting investigative and impact analyses reports; (d) 500-foot abutters list; and (e) complete set of Zone Change Plans. The application submission will be reviewed by the **Commission** and the Town's **Application Review Team (ART)** consisting of Department Staff from Planning and Zoning, Engineering, Wetlands, Fire Marshal, Police (traffic authority), Health and Building. **You must submit the complete application as a combined PDF. Staff will not process the application digitally unless all submissions are combined.**

- **Project Timeline** – Following official receipt of an application, a **Project Timeline** listing milestone dates and actions to be followed during the review will be emailed to the applicant's Primary Project Contact.

- **Sealed and Certified Plans** – All plans (shall be folded) and/or reports prepared by engineers, surveyors, landscape architects and architects must include an original seal and live signature certification.

Application No. _____ **File No.** _____

APPLICATION FEE

Zoning Boundary Change Petition Base Fee:..... $ 675.00
Connecticut State Surcharge..... $ 60.00
Payable to the Town of Monroe **TOTAL APPLICATION FEE:** **$ 735.00***
****Include driver's license number and telephone number on fees paid with a personal check.***

APPLICATION INFORMATION

1. **Where is the property deed found in the Monroe Land Records?**

   a) Date: _____ Volume: _____ Page: _____

2. **What is the origin of the application property (i.e., when and how was the current property created)? List recorded maps, previous subdivision / resubdivision, lot line adjustments, etc:**

   _____

   _____

3. **Supporting Maps and Project Narrative:** **Refer to Zoning Regulations §9.2**

   - **Attach all required Rezoning Maps and Project Narratives as required by the Zoning Regulations.**
   - **Attach a written Metes and Bounds description of just the area proposed to be rezoned.**
   - **Attach a list of current property owners within 500 feet as required by the Zoning Regulations.**

PRIMARY PROJECT CONTACT

4. **Primary Contact Name:** _____
   Business Address: _____
   Phn/Cell: _____ Email: _____

   The Primary Project Contact will be sent all correspondence (primarily via email) during the course of the project review and is responsible for distributing to the other project representatives.

PROJECT TEAM INFORMATION

5. **Owner's Name:** _____
   Address: _____
   Phn/Cell: _____ Email: _____

6. **Applicant's name:** _____
   Address: _____
   Phn/Cell: _____ Email: _____
   Interest in property: □ Owner □ Contract Vendee □ Tenant □ Other _____

7. **Application Professionals** ***Name*** ***Phone/Cell*** ***Email***
   Surveyor: _____
   Engineer: _____
   Landscape Architect: _____
   Architect: _____
   Other: _____

8. Is the property located within a flood plain?

□ No □ Yes If "yes" □ 100-year □ 500-Year – **Contact Flood Plain Administrator at 203-452-2812**

9. Is the property located within 500 feet of a town boundary?

□ No □ Yes **Abutting town(s):** _____ _____ _____

10. Is the property subject to an existing conservation or preservation restriction (i.e., Conservation Easement)?

□ No

□ Yes **Provide a notarized statement pursuant to CT Public Act 05-124 indicating:**

- **Written notice of such application has been sent by certified mail, return receipt requested, not later than sixty (60) days prior to the filing of the application to the party holding the conservation or preservation Restriction; OR**
- **In lieu of notice, provide a letter from the holder or holder's authorized agent, verifying that the application is in compliance with the terms of the restriction.**

11. Is the property located within a public water supply watershed?

□ No

□ Yes Name of watershed: _____

NOTE: **Within seven (7) days of application submission, the applicant is required to also send a copy of the application to the Aquarion Water Company of Connecticut, 714 Black Rock Road, Easton, CT 06612, and to the Connecticut Commissioner of Public Health, 410 Capitol Avenue, Hartford, CT 06106; and provide evidence documenting same to the Planning and Zoning Department.**

12. Are there inland wetlands, watercourses, lakes or ponds or other water related resources on or within 100 feet of the property; and/or is there a named watercourse within 150 feet of the property?

Attach Soil Scientist inspection report/verification and delineation report and survey map.

□ No □ Yes Area of property regulated _____(ac) _____ (% of property)

Contact the Inland Wetlands Department 203-452-2809 prior to proceeding with this application.

13. Previous or Current Wetland Permits or Violations for Property (list Wetland File #s and dates):

_____

14. What is the current status of the property?

□ Undeveloped □ Developed

Attach a separate narrative describing existing site conditions (vegetation cover, development, etc).

15. Is the property to be rezoned contiguous to an existing like zoning district?

□ No □ Yes **Attach a separate narrative with graphic illustration detailing response.**

16. Will the proposed zone boundary change create any non-conforming condition in regard to lot configuration or existing use or existing development of the property?

□ No □ Yes **Attach a separate narrative detailing response.**

17. Is public water service available at this property?

□ No □ private well □ water main extension □ no water service
□ Yes □ connected □ proposed connection □ not planning connection
□ Nearest public water main: Location _____ Distance: _____ (ft)

18. Is the property suitable for onsite septic disposal sufficient to support the range of permitted uses allowed in the proposed zoning district reclassification?

□ No □ Yes **Attach a separate narrative detailing response.**

19. Is the property suitable for onsite stormwater management treatment controls sufficient to support the extent of development potential allowed in the proposed zoning district reclassification?

□ No □ Yes **Attach a separate narrative detailing response.**

20. Describe existing lot frontage, road access and potential sight line conditions, as well as their sufficiency to support the range of permitted uses allowed in the proposed zoning district reclassification.

Attach a separate narrative and graphic illustrations detailing response.

21. Describe topographic conditions and assess to what extent slopes 15% and greater may limit development potential or which otherwise require specialized engineering to support future development?

_____ ac (25% and greater) _____ ac (15-15%) _____ ac (10-15%) _____ ac (0-10%)

Attach a separate narrative with a Slopes Map showing the location and acreage of sloped areas:

22. Will the proposed zone boundary change impact existing or necessitate new Town infrastructure facilities?

□ No □ Yes **Attach separate narrative detailing response.**

23. How will abutting properties be directly or indirectly affected by the proposed zone boundary change (changes to setback and buffer requirements, compatibility of uses between different zones, future potential development related issues such as traffic generation, noise, visual, community character, etc)?

Attach a separate narrative and graphic illustrations detailing response.

24. Have any Zoning Board of Appeals variances been granted related to the property?

□ No □ Yes **List variances obtained with respective ZBA File # and date of approval:**

_____

_____

Application No. _____ **File No.** _____

I(we) hereby certify that I(we) make this application as or 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, Subdivision and Inland Wetlands Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, all the undersigned hereby authorizes the Town of Monroe and its agents, to access the premises for the purpose of application investigation, site review, inspection of improvements or construction, and enforcement of the Town's Regulations and Ordinances, and the General Statutes of the State of Connecticut, as may be applicable.

All the undersigned warrant the truth of all statements contained herein and in all supporting documents according to the best of their knowledge and belief. Further, all the undersigned understand and agree that the Planning and Zoning Commission and/or its Staff/Consultants may request additional information and it is the applicant's/owner's responsibility to provide this information in a timely fashion and to the Commission's satisfaction. If the information provided is incomplete or inaccurate, the Commission may deny the application or request an extension to be granted by the applicant/owner in order to act within applicable legal time limits.

This agreement shall be binding on all heirs, executors, administrators, successors and assigns of all undersigned.

APPLICANT(S) – (Both Applicant and Owner Notarized Signatures are required)

Applicant Name Printed	**Authorized Signature**	**Date**
Additional Applicant	**Authorized Signature**	**Date**

(Provide additional sheets as needed)

Subscribed and sworn to by _____ *on this day of* _____, *20*_____, *before me*:

Notary Public, Justice of the Peace, Commissioner of the Superior Court

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Please note the following: This application must include the owner's signature and notarization or a written, notarized consent to submit this application, signed and dated by the owner.

OWNER(S) – (Both Applicant and Owner Notarized Signatures are required)

Owner Business Name

Authorized Member Name Printed	**Authorized Signature**	**Date**

Subscribed and sworn to by _____ *on this day of* _____, *20*_____, *before me*:

Notary Public, Justice of the Peace, Commissioner of the Superior Court