

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

Date Paid _____

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

Please consult the Monroe Zoning Regulations for the applicable Zoning District and the specific type of permitted land use that matches your business:

§4.1 – Business District 1 (B-1)

§4.3 – Industrial District 1 (I-1)

§5.1 – Limited Office Retail District (LOR)

§4.2 – Business District 2 (B-2)

Industrial District 2 (I-2)

Industrial District 3 (I-3)

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		
<input type="checkbox"/> Building Department		
<input type="checkbox"/> Fire Marshal		
<input type="checkbox"/> Assessor's Office		
<input type="checkbox"/> Town Clerk		

Business Street Address: _____

Building or Suite #: _____

Business Name: _____

Business Owner: _____ Email _____ Phone _____

Mailing Address: _____

Property Owner: _____ Email _____ Phone _____

Mailing Address: _____

Vacating or Previous Use _____

Proposed New Use _____

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

■ **Floor Plan Required** – Provide a 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

☐ **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: _____ Date: _____
Print Name *Signature*

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