

EXCAVATION / FILLING PERMIT APPLICATION



TOWN OF MONROE
PLANNING & ZONING DEPARTMENT
7 Fan Hill Road, Monroe, CT 06468
Tel. (203) 452-2812

FOR OFFICE USE:

EFP – _____

File Number – _____

Project Name: _____

Street Address: _____

Zoning District: _____

Lot Acreage: _____ Assessor Map Number: _____ Lot Number: _____

Brief Description and Purpose/Reasons for Excavation / Filling: _____

Also attach detailed Project Narrative as required in the Zoning Regulations

❖ **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) pdf CD** including the following materials: (a) signed application form; (b) supporting application narrative; (c) supporting investigative and impact analyses reports; (d) 100-foot abutters list; and (e) complete set of Site 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.
- **Sealed and Certified Plans** – All required A-2 and T-2 Surveys, Site Plans, Architectural Plans and supporting analyses Reports as prepared by consultant engineers, surveyors, landscape architects, architects, etc. must be current and include an original seal and live signature certification.
- **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.

Application No. _____ File No. _____

APPLICATION FEE

Excavation / Filling Permit Base Fee: \$675.00 minimum or \$100 per acre (whichever is greater).....\$ _____
 Connecticut State Surcharge..... \$ 60.00
Payable to the Town of Monroe **TOTAL APPLICATION FEE:** \$ _____ *

**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 of previous subdivision, resubdivision and lot line adjustments involving the property:

3. **Supporting Maps and Project Narrative:**

Refer to Zoning Regulations §6.4

- **Attach all required Maps, Reports and Project Narratives as required by the Zoning Regulations.**

PRIMARY PROJECT CONTACT

4. **Primary Contact Name:** _____

Business Address: _____

Phone: _____ 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: _____

Phone: _____ Email: _____

Interest in property: Owner Contract Vendee Tenant Other _____

7. **Application Professionals**

Name

Phone/Cell

Email

Surveyor: _____

Engineer: _____

Landscape Architect: _____

Architect: _____

Other: _____

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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:

- **The proposed application involves only interior building alterations; OR**
- **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. 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:

15. Are any waivers of the Zoning Regulations application requirements requested?

No

Yes **Attached a separate written request and rational in support thereto.**

Application No. _____ File No. _____

16. Quantify the proposed disturbance, excavation and/or filling activity:

Total area proposed to be disturbed: _____ (acres) _____ (square feet)

- Cubic yards of Excavation _____ (cubic yards)
- Cubic yards of Fill _____ (cubic yards)
- Cubic yards of Export (removal from site) _____ (cubic yards)
- Cubic yards of Import (brought onto the site) _____ (cubic yards)

17. Export / Import activities: **Attach supporting reports and plans.**

Origin of imported fill material: _____

Fill material content and condition: _____

Destination of exported material: _____

Truck transport route within Town: _____

18. Topsoil

- Topsoil will be scraped and stockpiled with erosion controls onsite prior to grading
- Topsoil will be brought in for final site restoration/stabilization: _____ (cubic yards)

19. Describe method(s) of earth movement and site stabilization:

20. Will Storm Water Detention and/or Retention be needed for this proposal?

- No **Provide reasons - attach additional sheets as necessary:**

- Yes **Provide list of provisions - attach stormwater report or additional sheets as necessary:**

21. Have Storm Water Quality Control measures been included in this proposal?

- No **Provide reasons - attach additional sheets as necessary:**

- Yes **Provide list of measures - attach stormwater report or additional sheets as necessary:**

22. Have Low Impact Development (LID) measures been considered as additional features for this proposal?

- No **Provide reasons – attach stormwater report or additional sheets as necessary:**

- Yes **Provide list of LID measures - attach stormwater report or additional sheets as necessary:**

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

(Provide additional sheets as needed)

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

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