

APPLICATION FOR ZONING APPROVAL & ZONING COMPLIANCE



TOWN OF MONROE
 PLANNING & ZONING DEPARTMENT
 7 Fan Hill Road, Monroe, CT 06468
 Tel. (203) 452-2809

ZCC-

This application shall be accompanied by (3) sets of architectural plans showing existing conditions and proposed construction. (3) prints of survey may be required. *ANY changes to the plans after initial approval must be reviewed and reapproved by Zoning staff.* = to be completed by applicant prior to submission

Project Address _____ Date Received _____

Owner/Lessee _____ **Tel.** _____ **Email** _____

Owner Address _____

Applicant _____ **Tel.** _____ **Email** _____

Builder _____ **Tel.** _____ **Email** _____

Architect _____ **Tel.** _____ **Email** _____

Proposed Use _____

Additional Department reviews may be required from Inland Wetlands, Building, Health, Fire, DPW
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**TO BE COMPLETED BY ZONING STAFF ONLY** Fee \$ \_\_\_\_\_

**Approved Use** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Zone \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Unit \_\_\_\_\_ Flood Zone \_\_\_\_\_

Commission Approvals (SEP, SDP, SUBD, IWC, etc.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Non-Conformities/ZBA Variances \_\_\_\_\_

Town Engineer \_\_\_\_\_

**Foundation As-Built Required Prior to Superstructure** \_\_\_\_\_

**Final As-Built Required Prior to Certificate of Zoning Compliance** \_\_\_\_\_

Application is also being made for Certificate of Zoning Compliance. Upon completion of this project, the undersigned shall notify the Zoning Office so that final inspection can be made. I hereby certify that all of the statements herein contained are true and correct.

Property Owner Signature
Applicant Signature and Date

Approved \_\_\_\_\_ Date \_\_\_\_\_