

# REGULATION AMENDMENT PETITION APPLICATION



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

FOR OFFICE USE:

RAA – \_\_\_\_\_

File Number – \_\_\_\_\_

Project Name: \_\_\_\_\_

Amend Subdivision Regulations §: \_\_\_\_\_

Amend Zoning Regulations §: \_\_\_\_\_

## REQUIRED FORMAT OF PROPOSED TEXT AMENDMENT

Proposed new text:	<b><u>Bold Double Underlined Text</u></b>
Existing text to be deleted:	<del>Strikeout Text</del>
Existing text to remain	Regular Text

**Attach Project Narratives as required by 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; and (d) complete set of Site Plans; and (e) 500-foot abutters list. 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.
- **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.

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## APPLICATION FEE

Regulation Amendment 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. Zoning districts affected (check all that apply):**

Residential:       RF-1    RF-2    RF-3    ARR    MFR    RR-2    HOD

Non-Residential:  B-1    B-2    LOR    I-1    I-2    I-3

**2. Brief description and purpose of proposed text amendment:**

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

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

**Refer to Zoning Regulations §9.2**

- **Attach Project Narrative as required by the Zoning Regulations.**
- **Attach supporting analysis, figures or other diagrams supporting proposed zoning text amendment.**

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ 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. Does the proposed text amendment affect any lands located within 500 feet of a town boundary?**

No  Yes **Abutting town(s):** \_\_\_\_\_

**9. Does the proposed text amendment affect any lands 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.**

**10. Is the proposed text amendment related to a subsequent site specific project or location?**

No  Yes What / Where: \_\_\_\_\_

**Attach a separate narrative detailing response.**

**11. Will the proposed text amendment create any non-conforming conditions within existing properties?**

No Indicate how that was determined: \_\_\_\_\_

Yes How: \_\_\_\_\_

**Attach a separate narrative detailing response.**

**12. Does the proposed text amendment impact or relate to existing or new Town infrastructure facilities?**

No  Yes If yes, what or how \_\_\_\_\_

**Attach separate narrative detailing response.**

**13. How is the proposed text amendment consistent with the Plan of Conservation and Development (POCD)?**

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

**Attach a separate narrative detailing response.**

**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

