

# PERMIT APPROVAL AMENDMENT MODIFICATION APPLICATION



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

FOR OFFICE USE

App Number – \_\_\_\_\_

File Number – \_\_\_\_\_

❖ **TAKE NOTE:** *The Inland Wetlands Commission upon receipt of this application will determine if an Amendment Modification is acceptable or if a completely new application will be required.*

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

Inland Wetlands: Type of Approval to be amended:

☐ IWC Approval (Public Hearing)    ☐ IWC (Regular Meeting)    ☐ IWC Referral (Subdivision)

IWC Application #: \_\_\_\_\_ IWC File #: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Street Address: \_\_\_\_\_ Assessor Map \_\_\_\_\_ and Lot \_\_\_\_\_

Description of Proposed Modification(s): -

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❖ **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 Inland Wetlands and Watercourses Regulations.*

- **Pre-Submission Conference** – Contact the Inland Wetlands Department (**203-452-2809**) for a preliminary pre-submission meeting with Staff (**this is highly recommended**) and to determine if this is the appropriate application for your proposal or project.
- **Permit Approval Amendment Modification Application Submission** – Provide **ten (10) collated application sets** including: (a) completed application form; (b) supporting application reports and supporting narrative materials; and (c) full size plans.
- **Sealed and Certified Plans** – All plans (**shall be collated folded sets**) and/or reports prepared by engineers, surveyors, landscape architects and architects must include an original seal and live signature certification.

## APPLICATION FEE

Permit Approval Amendment Modification Fee:..... \$ 275.00

Connecticut State Surcharge:..... \$ 60.00

*Payable to the Town of Monroe* TOTAL APPLICATION FEE: \$ 335.00\*

*\*Include driver's license number and telephone number on fees paid with a personal check.*

## CONTACT INFORMATION

1. Primary Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Required*

2. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Required*

## PROJECT SITE INFORMATION

3. Is the property located within a flood plain?

☐ No ☐ Yes If "yes" ☐ 100-year ☐ 500-Year

**Contact Flood Plain Administrator at 203-452-2812.**

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

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

5. 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.

6. Is the proposed activity within a wetland or watercourse, and also, any portion of which, is 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.**

**PROJECT CHANGES**

**7. Does the proposed modification require a permit or modification from other permit agencies?** ☐ No ☐ Yes

Agency \_\_\_\_\_ Status \_\_\_\_\_

Agency \_\_\_\_\_ Status \_\_\_\_\_

**8. Does the proposed modification affect the approved site layout and/or site grading?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification seek to alter a timing aspect of the standing approval?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification change potential impacts to the wetlands/watercourses?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification change the extent of disturbance of wetlands/watercourses?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification change the extent of disturbance of upland review areas?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification affect approved water supply, septic or other site utilities?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification affect approved stormwater management controls?** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Does the proposed modification affect approved landscaping and/or landscape buffer areas** ☐ No ☐ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

**Attach separate sheets as needed to provide additional explanation and description of the above.**

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 Inland Wetlands and Watercourses 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 Inland Wetlands 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)**

_____	_____	_____
Name Printed	Signature	Date

_____	_____	_____
Name Printed	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)**

_____	_____	_____
Name Printed	Signature	Date

_____	_____	_____
Name Printed	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