

APPLICATION FOR ZONING APPROVAL & ZONING COMPLIANCE



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

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** \_\_\_\_\_

**Notes** \_\_\_\_\_

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** \_\_\_\_\_