TOWN OF MONROE

PLANNING and ZONING COMMISSION

7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2812
www.monroect.gov

SPECIAL EXCEPTION PERMIT — APPLICANT SUBMISSION CHECKLIST

Instructions: Complete this checklist and submit it on top of your Special Exception Permit application. Check "Done" for each item included with your submission. For conditional items in Section D that do not apply to your property or project, check "N/A." Applications missing required items may be delayed or denied. Staff will review this checklist when the application is received.

Project Name		Street Address
Applicant Name	**Phone**	**Email**
Primary Project Contact	**Phone**	**Email**

A. BEFORE YOU SUBMIT

Done		Item
☐	—	**Pre-submission conference held with Planning & Zoning staff (highly recommended)** Call the Planning & Zoning Administrator at (203) 452-2812 to schedule. Date held: _____
☐	—	**Reviewed the Zoning Regulations (Article 8) and the Town of Monroe Plan of Conservation and Development**

B. AGENCY CHECK-INS

Check in with the following departments before submitting.

☐	**Health Department** Review of septic disposal systems, private wells, and any health-related requirements for the proposed use.
Date of check-in	
Staff person contacted	
Method	☐ Meeting ☐ Phone ☐ Email ☐ Plans submitted for review
Outcome	☐ No concerns ☐ Comments / conditions (list below or attach) ☐ Follow-up required
Comments / conditions	

☐	**Fire Marshal / Emergency Services** Review of emergency vehicle access, fire lanes, turning radii, hydrant / water supply for fire protection, and life-safety requirements.
Date of check-in	
Staff person contacted	
Method	☐ Meeting ☐ Phone ☐ Email ☐ Plans submitted for review
Outcome	☐ No concerns ☐ Comments / conditions (list below or attach) ☐ Follow-up required
Comments / conditions	

C. REQUIRED SUBMISSION ITEMS

Required for every Special Exception Permit application.

Done		Item
☐	—	**Signed Special Exception Permit application form**
☐		**Applicant signature — notarized** Both applicant and owner notarized signatures are required.
☐		**Owner signature — notarized (or written, notarized owner consent, signed and dated)** Both applicant and owner notarized signatures are required.
☐	—	**Project Narrative**
☐	—	**100-foot abutters list**
☐	—	**A-2 Survey (Signed and Sealed)**
☐	—	**Site Plans (Signed and Sealed)**
☐	—	**Eleven (11) paper application sets** Plans folded and materials collated into individual sets.
☐	—	**One (1) combined digital PDF of the complete application** Submitted by CD, email or link. Staff will not process the application digitally unless all submissions are combined into one PDF.
☐	—	**Fee (Check Made Out to the Town of Monroe)**

D. CONDITIONAL ITEMS

Check "Done" if included, or "N/A" if it does not apply.

Done	N/A	Item
☐	☐	**Landscape Plan prepared by a professional landscape architect**
☐	☐	**Lighting Plan and Cut Sheets of Fixtures**
☐	☐	**Phasing Plan**
☐	☐	**Blasting Plan**
☐	☐	**Proposed Easements or Dedications shown**
☐	☐	**Renderings and Elevations of the proposed building**
☐	☐	**Floor Plans**
☐	☐	**Stormwater Management Report**
☐	☐	**Supporting investigative and impact analyses reports as applicable** Wetland investigation, traffic study, noise, etc.
☐	☐	**Floodplain: Floodplain Administrator contacted** Required if structures or grading are proposed in the floodplain. (203) 452-2812.
☐	☐	**Architecture Review Board (ARB) application submitted** May be required for new or modified commercial, industrial and multifamily residential buildings.
☐	☐	**Industrial Performance Standards (if located in an Industrial Zone)** Address each performance standard outlined in §4.3.2
☐	☐	**Inland Wetland Commission (IWC) application submitted** Required if structures or site disturbance is proposed in a regulated area.
☐	☐	**Disclosure statement for each impact study or evaluation** Pursuant to PA 25-73 and CGS §8-1e any study, evaluation and report must disclose 1) Who wrote it. 2) All costs, and who paid them. 3) Any conflict of interest.

E. APPLICANT CERTIFICATION

I certify that the items checked "Done" above are included with this Special Exception Permit application, that items marked "N/A" do not apply to this property or project, and that the Health Department and Fire Department / Emergency Services check-ins recorded above took place as stated. I understand that an incomplete application may be delayed or denied.

Applicant / Agent Signature **Printed Name** **Date**

FOR PLANNING & ZONING OFFICE USE ONLY

Received by	Date received	SEP File No.	Fee received / Check #

Checklist review: ☐ Complete ☐ Incomplete — applicant notified on: _____ ☐ Distributed to ART

Staff notes

Done	N/A	Item
☐	☐	**Public water supply watershed: Aquarion Water Co. and CT Dept. of Public Health notified** Notice required within 7 days of submission (CGS §8-3i). Provide evidence of notice to Planning & Zoning.
☐	☐	**Refer to Abutting Municipalities and Applicable Regional Agencies**
☐	☐	**Abutter Letter Sent to Applicant**
☐	☐	**Certificate of Mailing Submitted**
☐	☐	**Public Hearing Noticed Newspaper**
☐	☐	**Circulated to ART & Conservation Commission**
☐	☐	**ZBA Variance**
☐	☐	**Architecture Review Board (ARB) application referral**
☐	☐	**Inland Wetland Application Approved**
☐	☐	**Floodplain Permit Approved**

SPECIAL EXCEPTION PERMIT APPLICATION

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

FOR OFFICE USE:

SEP – _____

File Number – _____

Project Name: _____

Street Address: _____

Zoning District(s): _____

Assessor Map #: _____ **Lot #**: _____ **Acreage**: _____ **Deed: Volume #** _____ **Page #** _____

Brief Description: _____

(Also attach 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) digital pdf by CD/email or link** 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. **You must submit the complete application as a combined PDF. Staff will not process the application digitally unless all submissions are combined.**

- **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.

- **ARB** – For new or modified commercial, industrial and multifamily residential buildings and structures, a separate application to the Monroe Architecture Review Board (ARB) may also be required. **Application to ARB includes completion of an ARB specific separate application form and plan copies**.

Application No. _____ **File No.** _____

APPLICATION FEE

Special Exception Permit 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. **What is the origin of the subject property (i.e., when and how was the current lot created?):**

   List recorded survey or maps of lot origin (survey, subdivision, resubdivision, lot line adjustments)

   _____

   _____

2. **Supporting Maps and Project Narrative:** **Refer to Zoning Regulations Article 8**

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

APPLICANT PRIMARY PROJECT CONTACT

3. **Primary Contact Name:** _____
   Business Address: _____
   Phone: _____ Email: _____

   The applicant's 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 applicant representatives.

PROJECT TEAM INFORMATION

4. **Owner's Name:** _____
   Address: _____
   Phone: _____ Email: _____

5. **Applicant's name:** _____
   Address: _____
   Phone: _____ Email: _____
   Property interest: □ Owner □ Contract Vendee □ Tenant □ Other _____

6. **Application Professionals** ***Name*** ***Phone/Cell*** ***Email***

   Attorney: _____

   Surveyor: _____

   Engineer: _____

   Landscape Architect: _____

   Architect: _____

   Other: _____

Application No. _____ **File No.** _____

7. **Is the property located within a floodplain?** □ No □ Yes □ 100-year □ 500-Year

   Proposed structures or grading in floodplain? □ No □ Yes **Contact Flood Plain Administrator 203-452-2812.**

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

   □ No □ Yes **Abutting town(s):** _____

9. **Is the property subject to an existing conservation or preservation deed restriction?**

   □ No

   □ Yes **Provide a notarized statement pursuant to CGS §47-42d:**

   - **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.**

10. **Is the property located within a public water supply watershed?**

    □ No

    □ Yes Name of watershed: _____

    NOTE: **Per CGS §8-3i, within seven (7) days of an application submission, the applicant is required to NOTIFY the Aquarion Water Company of Connecticut, 714 Black Rock Road, Easton, CT 06612, and the Connecticut Commissioner of Public Health, 410 Capitol Avenue, Hartford, CT 06106; and provide evidence documenting same to the Planning and Zoning Department. For sample notification letters see link below:**

    Notification to Aquarion & DPH_PZC.pdf

11. **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.

12. **Previous or Current Wetland Permits or Violations for Property (list Wetland File #s and dates):**

    _____

13. **Is or will the property/project be a major traffic generator (>100,000 SF of building or > 200 vehicles)?**

    □ No □ Yes **Provide a copy of STC Certificate (if existing) or new Certificate of Determination.**

14. **Does the application involve a "change of use" of an existing building or facility?**

    □ No □ Yes From _____ to _____

15. **Are new or expanded septic disposal systems proposed?** □ No □ Yes **Attach plans and flow confirmation.**

    □ Subject to Monroe Health Department Approval □ Subject to State Health Department Approval

    Application No. _____ **File No.** _____

16. Is public water service available at this property?

□ No □ Will use existing private well □ Will use new private well □ Will extend water main
□ Yes □ Will use existing connection □ Will upgrade connection □ Not planning connection

Nearest Public Water Main: Street Location _____ Distance: _____ (ft)

17. 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:

18. 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:**

_____

_____

19. 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:**

_____

_____

20. 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:**

_____

_____

21. Have any Zoning Board of Appeals variances been granted related to the property?

□ No □ Yes **List variances obtained with respective ZBA File # and date of approval:**

_____

_____

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

□ No □ Yes **Attach a separate written request and rational in support thereto.**

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	**Authorized Signature**	**Date**

(Provide additional sheets as needed)

Subscribed and sworn to by _____ *on this day of* _____, *20*_____, *before me*:

_____

Notary Public, Justice of the Peace, Commissioner of the Superior Court

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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