



TOWN OF MONROE

Economic Development

7 Fan Hill Road, Monroe, Connecticut 06468-1800

1. **Name of person/entity submitting application (including all principals):**

2. Mailing address _____
3. **Telephone number:** _____
Fax: _____ **Email:** _____
4. **Property location for which tax abatement is requested:**
Assessors Map/ Lot _____ Location _____
5. **Do you own or lease this property?** _____
6. **If you lease, provide:**
Owner _____
Mailing address _____
Telephone number: _____

Date of lease agreement/duration of lease agreement
From: _____ To: _____
7. **Please check which is applicable:**
New Construction ___ Industrial ___ Commercial ___
Rehabilitation ___ Industrial ___ Commercial ___
8. **Estimated value of improvements:** _____

Basis for this estimate: _____
9. **Please check which use is applicable:**
Office ___ Retail ___ Manufacturing ___
Warehouse ___ Storage ___ Distribution ___
Other (please explain) _____



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- 10. Provide a description of your project including: estimated cost of the improvements; impact on employment (new jobs created as well as existing jobs retained); fiscal impacts; time frame. Please provide any additional information you feel may be relevant for the tax abatement review committee to review.

- 11. Provide information on all state or federal abatement or incentive program(s) that you have applied for, will apply for or have received

- 12. Attach site map or plot plan for the project, plus surveys and specifications.

- 13. Attach qualifications and financial responsibility to execute the project.

Signature of Applicant: _____

Date Submitted to Economic Development Coordinator ____/____/____

Date Submitted to Tax Incentive Program Review Committee: ____/____/____

Recommendation of Tax Incentive Program Review Committee:

Application denied _____

Reason: _____

Application approved and recommend the following:

- _____ % off assessed improvement year 1
- _____ % off assessed improvement year 2
- _____ % off assessed improvement year 3
- _____ % off assessed improvement year 4
- _____ % off assessed improvement year 5
- _____ % off assessed improvement year 6
- _____ % off assessed improvement year 7

First Selectmen

Date



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Recommendation of Legislative and Administrative Committee:

Application denied _____

Reason: _____

Application approved and recommend the following:

_____ % off assessed improvement year 1

_____ % off assessed improvement year 2

_____ % off assessed improvement year 3

_____ % off assessed improvement year 4

_____ % off assessed improvement year 5

_____ % off assessed improvement year 6

_____ % off assessed improvement year 7

Legislative and Administrative Committee Chairperson

Date

Recommendation of Town Council:

Application denied _____

Reason: _____

Application approved and recommend the following:

_____ % off assessed improvement year 1

_____ % off assessed improvement year 2

_____ % off assessed improvement year 3

_____ % off assessed improvement year 4

_____ % off assessed improvement year 5

_____ % off assessed improvement year 6

_____ % off assessed improvement year 7

Town Council Chairperson

Date