HOME BASED BUSINESS APPLICATION



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

FOR OFFICE USE:
ZCC
Permit Fee: \$110.00
Date Paid

Cash or Check accepted, Payable to "Town of Monroe"

Date of Application:	As	sessor Map & Lot #: _	
Home Street Address:			
Home Occupation Name (LLC, DBA, INC.):			
Homeowner Name:		Email	Phone
Mailing Address:			
(if different than Home Stre	eet Address)		
Please refer to Monroe Zoning Regulat	ion for specifi	c information regard	ling:
Home Based Business - Article 8, Sect	tion 8.2.3 C. (1) thru (9)	
Permit Approval Review			
Department	Date	Signature	
•			
Tax Collector			
Tax Collector Monroe Health Department			
Monroe Health Department			
Monroe Health Department Historic District			
Monroe Health Department Historic District Inland Wetlands			
 ☐ Monroe Health Department ☐ Historic District ☐ Inland Wetlands ☐ Zoning Enforcement Officer 			
Monroe Health Department Historic District Inland Wetlands Zoning Enforcement Officer Building Department			

Town of Monroe – Home Based Business Application

Date:
Name of Owner:
Name of Business:
Property & Mailing Address:
Map/Block # (Acct #): Zone:
Contact Phone Number: F-Mail:
Detailed Description of business being conducted at this location:
Scaled floor plan/architectural renderings must be submitted.
Business will be conducted in:
Principal Building Accessory Building
Percentage of floor area to be used for said business:
Number of non-resident employees:
Parking requirements:
Signage: Yes, signage is required. Attached is a Sign Permit along with a scaled drawing of proposed sign submitted.
No, signage is not required.
Sign, Home Occupation - A non-illuminated sign containing only the name and occupation of a permitted home occupation, not exceeding two (2) square feet in area.
Signature of Owner: