



ZONING VARIANCE APPLICATION

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

FOR OFFICE USE ONLY:

ZBA- _____

File Number: _____

Project Name: _____

Street Address: _____

Zoning District: _____ Lot Acreage: _____

Assessor Map Number: _____ Lot Number: _____

Variance Request Description – **List specific zoning section number and substance of variance – Example:**
Variance of §3.1.6(A) to permit an 18.6 foot side yard setback in lieu of the required minimum of 25 feet].

■ Variance of § _____

■ Variance of § _____

(Also attached separate narrative with details)

❖ ***TAKE NOTE: It is the applicant's responsibility to provide all the information the Zoning Board of Appeals 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 Zoning Regulations.***

APPLICATION PROCESSING

- **Preliminary Pre-Submission Conference** – Contact the Planning and Zoning Department (203-452-2812) for a preliminary pre-submission meeting (**this is highly recommended if not essential**).
- **Initial Application Submission** – Provide **seven (7) collated application sets and one (1) digital pdf by CD/email or link** including: (a) completed application form; (b) fee payment; (c) list of adjoining property owners within 100-feet of application property perimeter boundary; (d) current A-2 survey, supporting application materials and plans. **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 plans (shall be folded) and/or reports shall be prepared by State of Connecticut licensed engineer, surveyor, landscape architect and architect, and must include an original seal and live signature certification thereon.

Application No. _____ File No. _____

❖ **TAKE NOTE:** Complete all questions; if not applicable enter "not applicable" and provide an explanation.

APPLICATION FEE

Variance Application Base Fee:..... \$675.00

Connecticut State Surcharge..... \$60.00

TOTAL APPLICATION FEE: \$735.00*

❖ **TAKE NOTE:** Make check payable to the Town of Monroe. Applicants must include driver's license number and telephone number on fees paid with a personal check.

APPLICATION INFORMATION

1. Where is the property deed found in the Monroe Land Records?

a) Date: _____ Volume: _____ Page: _____

b) Date property acquired by present owner: _____

2. What is the origin of the application property (i.e., when and how was the current property created?)

List recorded maps of previous subdivision, resubdivision and lot line adjustments involving the property:

3. Owner's name and contact information:

Name: _____

Address: _____

Ph/Cell: _____ Email: _____

4. Applicant's name and contact information (if different than the owner):

Name: _____

Address: _____

Phone: _____ Email: _____

5. What is the Applicant's interest in the property?

☐ Owner ☐ Contract Vendee ☐ Tenant ☐ Other _____

6. Applicant's Representative & Primary Contact information:

Primary Contact Name: _____

Business Address: _____

Phone: _____ Email: _____

7. <u>Application Professionals</u>	<u>Name</u>	<u>Phone/Cell</u>	<u>Email</u>
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Surveyor:	_____	_____	_____
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Engineer:	_____	_____	_____
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Landscape Architect	_____	_____	_____
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Architect	_____	_____	_____
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Other: _____

Application No. _____ File No. _____

8. Have any Zoning Board of Appeals variances been granted related to any PRIOR project or use for this site?

☐ No ☐ Yes **List variances obtained with respective ZBA file # and date of approval:**

9. Describe proposed project. (Also attach separate narrative with details)

10. Description of Hardship. (Also attach separate narrative with details)

❖ ***TAKE NOTE: Hardship is the basis upon which the Zoning Board of Appeals may make a decision in your favor. As a requirement of Connecticut State Law there must be hardship which is generally considered as some unusual condition affecting the land or property, as opposed to financial or emotional hardship. For specific hardship definition, please refer to §8-6 of the Connecticut General Statutes.***

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

☐ No ☐ Yes

12. 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.

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

☐ No ☐ Yes _____ **(name of watershed)**

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.

14. 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 on or within 150 feet of the property?

☐ No ☐ Yes **Contact Inland Wetlands Department 203-452-2809 prior to proceeding with application.**

Application No. _____ File No. _____

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

☐ No ☐ Yes From _____ to _____

16. Are new or expanded septic disposal systems proposed (contact Trumbull-Monroe Health District)?

☐ No ☐ Yes **Provide corresponding plans and flow confirmation.** ☐ Subject to State Health Department

17. Is public water service available at this property?

☐ No ☐ private well ☐ water main extension ☐ no water service
☐ Yes ☐ connected ☐ proposed connection ☐ not planning connection
☐ Closest public water main: Location _____ Distance: _____ (ft)

18. Is the property located within a flood plain?

☐ No
☐ Yes If "yes" ☐ 100-year ☐ 500-Year ☐ Improvements are proposed in the 100-year floodplain
Contact Flood Plain Administrator at 203-452-2812 for information and/or application.

❖ **TAKE NOTE:**

- **The Application Form must be completed in ink or typed, if not, it will not be accepted.**
- **An Application must be filed with the Clerk of the ZBA by the deadline date posted in the Planning and Zoning Department Office in order to qualify for the next available scheduled public hearing date.**
- **Fees as required must accompany the application or the application will not be processed.**
- **Plans using hand drawn material, or based on information not provided or attested to by a qualified professional licensed in the State of Connecticut will not generally be deemed acceptable or accurate.**
- **An Interior Floor Plan is required where the alleged hardship relates to the location of a building.**
- **The applicant shall provide Notice (a copy of the official legal notice of public hearing will be provided by the Clerk of the ZBA) to all adjacent property owners within one hundred (100) feet of the subject property ("lot") perimeter "by Certified Mail" at least seven (7) days prior to the scheduled public hearing. Original postmarked certified mail receipts must be presented to the Clerk of the ZBA no less than five (5) business days before the public hearing.**
- **Request for Postponement shall be in writing stating the reasons for the request. Unless written notification is received from the ZBA that the postponement has been granted, the applicant shall consider that no postponement is granted and the application will be heard as scheduled.**
- **The applicant shall be responsible for the cost and payment of any needed Re-Noticing.**
- **Should an applicant, or his representative, fail to appear at a hearing and no postponement has been granted, the ZBA at its option may proceed with the hearing in the usual manner and consider the application on its merits with the information submitted.**
- **A Granted Variance is and shall be effective to the specific content and extent proposed at the time of**

application. Any deviation, change or additive condition shall require a new and separate application.

Application No. _____ File No. _____

I(we) hereby certify that I(we) am making this application 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, the undersigned hereby authorizes the Town of Monroe and its agents, to access the premises for the purpose of application investigation, 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.

The undersigned warrants the truth of all statements contained herein and in all supporting documents according to the best of the applicant's knowledge and belief.

The undersigned applicant understands and agrees that the Commission and/or its Staff/Consultants may request additional information and it is the applicant'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 in order to act within the legal time limits.

This agreement shall be binding on all heirs, executors, administrators, successors and assigns of the 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. Only the applicant and the agent listed on this application will receive copies of official action and correspondence.

OWNER(S)

_____	_____	_____
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