



TOWN OF LEDYARD
APPLICATION FOR
PLANNING & ZONING COMMISSION REVIEW

Application Number 22-9RA Submission Date 6/8/22 Official Receipt Date 6/9/22

FEE: \$560 DATE PAID 6/8/22 RECEIPT # 5575031
check # 712

Applicant/Agent Robert Barnett
(Please Print Legibly)

Signature: [Signature]

Address: 5 Johnnie 61 Church Hill Rd. Ledyard Telephone 860 460 5484
781-332-2111

E-Mail Address: chirodrbob@comcast.net

Owner Name (if different): _____

Address of Owner: _____ Telephone _____

Location of Work (Street Address) _____

Tax Assessor's Map. _____ Block _____ Lot _____ Zone _____

Is this property within 500 feet of another municipality? Y N CAM Zone Y N

Existing Use _____ CAM Exempt Y N

Special Permit Site Plan Review Regulation Change Zone Map Change

CAM Review Other: _____

Details: Applying to allow ~~hosted~~ non-hosted STR's
with additional restrictions.

Approved by _____ Date _____

Denied by _____ Date _____