

APPROVED BY THE LEDYARD PLANNING AND ZONING COMMISSION AS TO THE COMPLIANCE WITH THE REGULATIONS GOVERNING THE SUBDIVISION OF LAND.	
ALL IMPROVEMENTS SHALL BE COMPLETED BY _____ DATE _____	
CHAIRMAN OR SECRETARY _____ DATE _____	
LOT NUMBERS ASSIGNED BY THE ASSESSOR	
ASSESSOR _____ DATE _____	
IWWC APPLICATION# _____	
APPROVED, _____	
NO PERMIT NECESSARY. (NOT WITHIN A REGULATED AREA)	
NOT APPLICABLE AT THIS TIME. (WITHIN A REGULATED AREA; NO REGULATED ACTIVITY PROPOSED AT THIS TIME.)	
ZONING/WETLANDS OFFICER _____ DATE _____	
APPROVED BY THE DIRECTOR OF PUBLIC WORKS OR THE TOWN ENGINEER FOR PUBLIC WAY LAYOUT.	
PUBLIC WORKS DIRECTOR/TOWN ENGINEER _____ DATE _____	
EROSION AND SEDIMENT CONTROL PLAN CERTIFIED BY VOTE OF THE LEDYARD PLANNING AND ZONING COMMISSION	
CHAIRMAN OR SECRETARY OF THE LEDYARD PLANNING AND ZONING COMMISSION _____ DATE _____	

