

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

