



TOWN OF LEDYARD
Planning & Zoning Commission
ZONING PERMIT

ZONING PERMIT NO: 5033

NAME OF PROPERTY OWNER: Ledyard Board of Education

LOCATION OF PROPERTY: 1854 Route 12, Gales Ferry, CT 06335

MAP: 48 BLOCK: 2120 LOT: 1854 ZONE: R40

PERMITTED ACTIVITY: Constructing 2 safety dugouts (#1 & 2 on map) in same size/schematics as existing dugouts on 2nd field at same address. Adding pressbox/shed (#3 on map).

STIPULATIONS OR SPECIAL CONDITIONS: As per ZBA Variance #926

 **COPY**

APPROVED BY:


ZONING OFFICIAL

7-17-18
DATE

Notice of this approval may be published in accordance with C.G.S. 8-3(f).

Fee \$40.00 + \$60.00 State surcharge = \$100

Permit # 5033

Application Date 7-17-18

Check Cash

TOWN OF LEDYARD

Receipt # EXEMPT - TOWN PROPERTY

ZONING PERMIT TO ACCOMPANY BUILDING PERMIT APPLICATION
PLEASE REFER TO ZONING REGULATIONS FOR ASSISTANCE WITH APPLICATION DETAILS.

Estimated Cost: \$ _____
(Same as for corresponding Building Permit application.)

Location of work (street address) 1854 Route 12, Gales Ferry, CT 06335

Existing use: softball fields

Zoning District: <u>R40</u>		
Map	Block	Lot
<u>48</u>	<u>2120</u>	<u>1854</u>
PZC Permit #: _____		
Variance # _____		
Flood Zone: _____		
CAM ? _____		
IWWC App # _____		

Property owner: BOE - Ledyard

Owner address (if different than above): _____

E-Mail address BOE.Ledyard@ledyard.com

Telephone #: 860-514-8435

Contractor: Volunteer (s)

Address: 2 Mull-Berry Dr, Gales Ferry (Kristen Lajoie)

Telephone: 860-514-8435 Fax: _____

PLEASE ATTACH A COPY OF SITE PLAN (with actual setbacks of structure to every property line)

PROPOSED STRUCTURE:	Square Footage: _____	Length: _____	Width: _____	Height: _____
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Description of proposed project: Constructing 2 safety dugouts (#1+2 on map) in same size/schematics as existing dugouts on 2nd field at same address.
Adding prestbox/Sheet (#3 on map)

- Is land owned by Mashantucket Pequot Tribe? Y N If yes, is letter from MPT attached? Y N
- Are there any restrictions or comments on the deed for this parcel or in this subdivision that may conflict with this proposal? Y N

Owner/applicant/agent signature _____
• Agent declares permission by owner to make application as owner's authorized agent.

Owner/applicant/agent e-mail address (if different) _____

YOU WILL BE CONTACTED AS SOON AS YOUR PERMIT IS APPROVED OR DENIED, AND IF ADDITIONAL INFORMATION IS NEEDED.

Wetlands Screening: OK _____ Date 7-17-18

Zoning Approval: Joseph M. Lashin _____ Date 7-17-18

Stipulations: Res per ZBA Variance # 926.

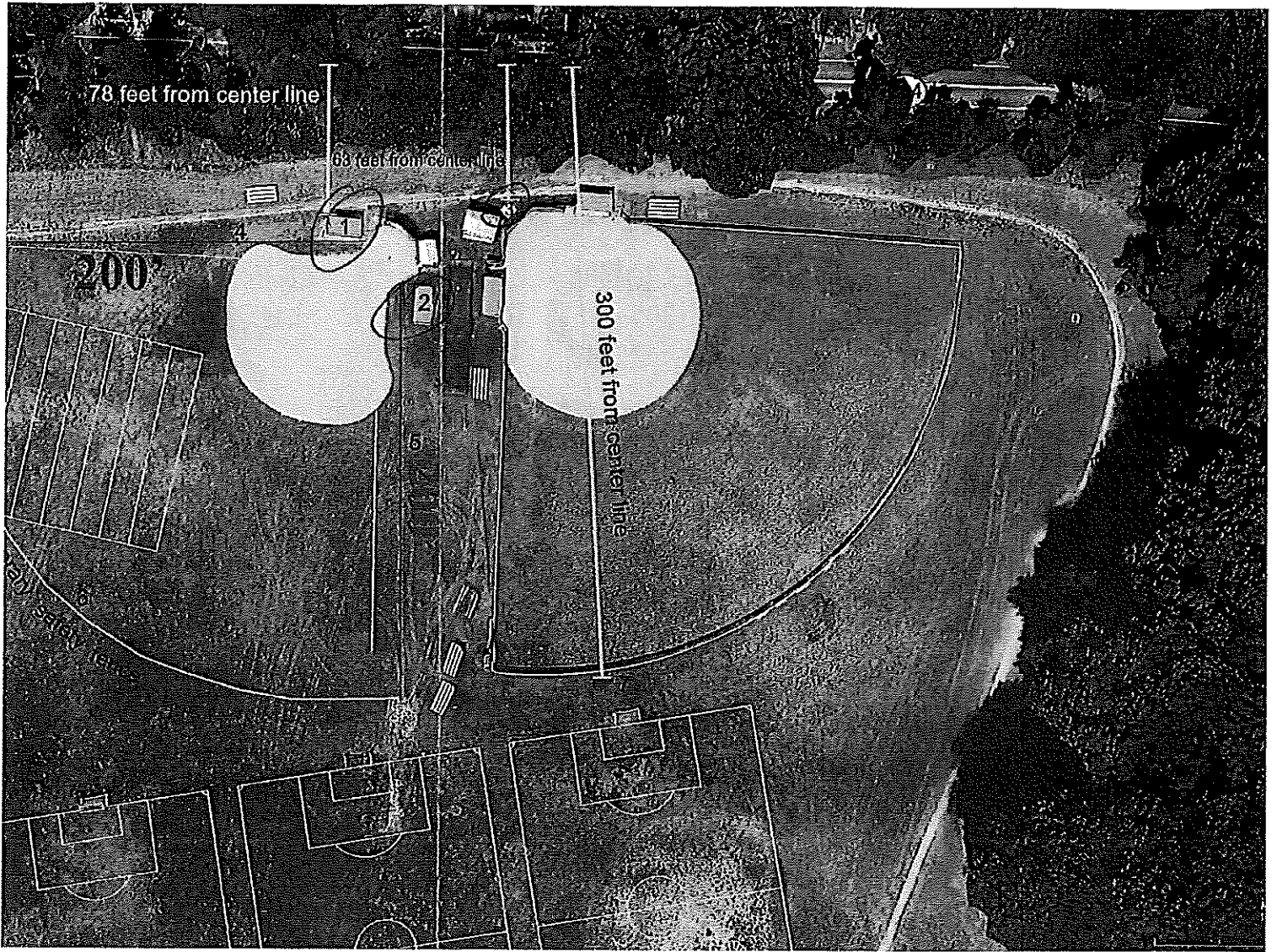
Erosion Control measures required - (ONLY IF CHECKED (✓)).

Anti-tracking pad must be installed at entrance of property prior to any other activities - (ONLY IF CHECKED (✓)).

Certified Improvement Location Survey ("As-Built") for structure, with surveyor's stamp, is required prior to issuance of Certificate of Compliance - (ONLY IF CHECKED (✓)).

Denied by: _____ Reason for denial: _____ Date: _____

This permit is issued based upon the plot plan submitted. Falsification by misrepresentation, or omission, or failure to comply with the conditions of approval, shall render this permit null and void and may constitute a violation of the Town of Ledyard Zoning Regulations. Any modification or alteration to the approved plans shall require further review and/or approval. The applicant may provide notice of decision in the Legal Notice portion of the "Classified" section of "The Day" newspaper, in accordance with Section 8-3 (f) of the Connecticut General Statutes (CGS). An appeal of this decision may be taken to the Zoning Board of Appeals (ZBA) by either the applicant or an aggrieved party, in accordance with Section 8-7 of the CGS.



Z.T. for
1 + 2 + 3 = PRESS BOX
DUGOUTS

DUGOUTS & PRESS BOX

COMPLIES WITH ZONING
7-17-18
DATE
<i>M</i>
ZONING OFFICAL