



**TOWN OF LEDYARD**  
**APPLICATION FOR**  
**PLANNING & ZONING COMMISSION REVIEW**

Application Number \_\_\_\_\_ Submission Date \_\_\_\_\_ Official Receipt Date \_\_\_\_\_

FEE: \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Applicant/Agent \_\_\_\_\_

(Please Print Legibly)

Signature: Norm Eccleston

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Owner Name (if different): \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Telephone \_\_\_\_\_

Location of Work (Street Address) \_\_\_\_\_

Tax Assessor's Map. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_  
530 680

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:

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Approved by \_\_\_\_\_ Date \_\_\_\_\_

Denied by \_\_\_\_\_ Date \_\_\_\_\_