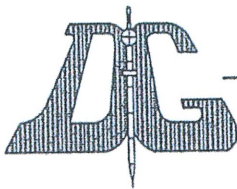


EX#10



DIETER & GARDNER, INC.

LAND SURVEYING • PLANNING • CIVIL ENGINEERING

RECEIVED

SEP 16 2025

Land Use Department
Land Use Department

Sent 8/23

In accordance with the Town of Ledyard's Zoning Regulations, we are providing notice of an application being filed for site plan approval for 750 (a.k.a. 748) Colonel Ledyard Highway, Ledyard, Ct.


 Peter C. Gardner
 Dieter & Gardner, Inc.

 U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

Hartford, CT 06134

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$4.40
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.78

Total Postage and Fees \$10.48

Sent To Commissioner of Public Health
Street and Apt. No., or PO Box No.
410 Capital AveCity, State, ZIP+4®
Hartford CT 06134

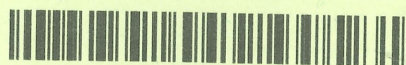
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 Commissioner of Public Health
 410 CAPITAL AVE
 HARTFORD CT
 06134


9590 9402 9381 5002 9888 47

2. Article Number (Transfer from service label)

9589 0710 5270 1431 0599 09

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X C Roberts

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

fail
fail Restricted Delivery
0)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

9589 0710 5270 1431 0599 09