



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:

Approved by _____ Date _____

Denied by _____ Date _____