

FD#4



App No. _____
 Check No. _____
 Receipt No. _____

REVIEW FEE: see application
 Make check to LLHD or pay online
 at www.LLHD.org rev 4/30/17

Promoting
 healthy
RECEIVED
 communities
 NOV 25 2025

Land Use Department

Application for Septic Plan Review

Notes:

1. Please provide a scaled site plan of the property with an accurate parcel address – one copy, two copies if state review is required.
2. If requesting a septic design plan review, please submit building plans including floor plans of all levels and all structure.
3. If requesting subdivision plan review for a town commission approval, please provide the date of the commission meeting under "Additional Information" below.

Date: 11/11/2025 Property Address: 939 LONG LOVE RD Town: LEDYARD
 Applicant Name: PETER C GARDNER Phone: 860-464-7455
 Email: DIETER.GARDNER@YAHOO.COM Fax: _____
 Applicant Address (if different from above): PO Box 335 Gates Ferry CT 06335

Property Water Supply: ☒ Well (s) ☐ Public Water ☐ Both

Type of Review Requested:

- ☐ Septic Design Plan - Single Lot (Fee: \$155 – includes 1 revision)
☐ Revision of Septic Design Plan (beyond one revision) (Fee: Half of Plan Review Fee)
☒ Subdivision Feasibility / commission review. Number of lots: 3 (Fee: \$150 per lot)
☐ State DPH review (e.g., septic systems >2000 gpd; request for State exception) (Fee: \$100)

Additional Information:

