

FD#1



RECEIVED

JUL 09 2025

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

Land Use Department

PZH25-5SITE

 Application Number \_\_\_\_\_ Submission Date 7-9-25 Official Receipt Date 8/14/25

 FEE: N/A - WAIVED DATE PAID N/A - WAIVED RECEIPT # N/A

 Applicant/Agent Ryan's Reliable Services LLC  
 (Please Print Legibly)
Signature: [Signature]
 Address: 748 Ct - 117 Ledyard Telephone 860-501-2744
E-Mail Address: RForrest45@gmail.com

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

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

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

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

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: Please make sure we have a chair  
at the next zoning meeting.

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

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