

FD#1



RECEIVED

TOWN OF LEDYARD  
APPLICATION FOR  
PLANNING & ZONING COMMISSION REVIEW

JUL 09 2025

Land Use Department

PZ#25-5SITE

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 \_\_\_\_\_