

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

Application No. _____

Receipt Date _____

CAM Exempt? Y N

Date Submitted _____

Location of Work (street address) _____

Zoning District _____

Is this property within 500 feet of another town? _____

CAM Zone? Y N

Existing Use _____

Tax Assessor's Map No. _____

- Please refer to the Zoning Regulations for assistance with application details.

Applicant/Agent _____ * Signature _____

Address _____ Telephone _____

Owner (if different) _____

Address of Owner _____ Telephone _____

Proposal:*

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Regulation Change ⁺ | <input type="checkbox"/> Zone Change ⁺ |
| <input type="checkbox"/> Gravel Permit | <input type="checkbox"/> Fill Permit | <input type="checkbox"/> Flood Hazard Permit. | <input type="checkbox"/> CAM Permit |
| <input type="checkbox"/> Special Permit ⁺ | <input type="checkbox"/> Other: _____ | | |

Details _____

Special Exceptions:⁺⁺

- | | |
|--|---|
| <input type="checkbox"/> Apartment/Condominium | <input type="checkbox"/> Two-family Dwelling |
| <input type="checkbox"/> Bed & Breakfast Operation | <input type="checkbox"/> Mobile Home Village |
| <input type="checkbox"/> Country Inn | <input type="checkbox"/> Child Day Care Center |
| <input type="checkbox"/> Temporary Saw Mill | <input type="checkbox"/> Home Husbandry** |
| | <input type="checkbox"/> Contractor Home Occupation |
| | <input type="checkbox"/> Commercial Vehicle/
Contractor Equipment
Storage |

⁺Public Hearing Required

*Does the deed for this property contain restrictions on the proposed activity? _____

**Does the deed for this property contain restrictions on the keeping of animals? _____

Start Date: _____ Completion Date: _____ or Reapplication Date: _____ Expiration Date: _____

List previous zoning application numbers: _____
=====

Approved by _____ Date _____

Denied by _____ Date _____

FEE: _____ + \$60.00 State Fee = _____ **DATE PAID** _____ **RECEIPT #** _____ 7/1/13