

TOWN OF LEDYARD
APPLICATION FOR PLANNING & ZONING COMMISSION REVIEW

Application No. _____

Receipt Date _____

CAM Exempt? Y N

Date Submitted _____

Location of Work (street address) 7 Hurlbutt Road

Zoning District GFDD-1

Is this property within 500 feet of another town? NO

CAM Zone? Y N

Existing Use Elementary School (Educational Institution) Assessor's Map No. 91-1050-7

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

~~Applicant~~ Agent _____ * Signature _____

Address _____ Telephone _____

Owner (if different) Town of Ledyard

Address of Owner 741 Colonel Ledyard Hwy Telephone _____
Ledyard, CT 06339

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 checked="" type="checkbox"/> Special Permit+ | <input checked="" type="checkbox"/> Other: <u>Change of Use per Section 4.10.E</u> | | |

Details See Attachment

Special Exceptions:#+

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

+Public Hearing Required

*Does the deed for this property contain restrictions on the proposed activity? NO

**Does the deed for this property contain restrictions on the keeping of animals? NO

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