

TOWN OF LEDYARD  
**ZONING PERMIT** 

Application Date: \_\_\_\_\_ Permit # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Location of work (street address): \_\_\_\_\_

Property Owner: \_\_\_\_\_ Deed Vol/Pg \_\_\_\_\_ / \_\_\_\_\_

Owner address (if different than above): \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Cell/Fax: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Applicant/Contractor (if not Owner): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_ MAP/BLOCK/LOT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PROPOSED STRUCTURE: SQUARE FOOTAGE: \_\_\_\_\_ LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
EST. COST \$ \_\_\_\_\_ (SAME AS FOR CORRESPONDING BUILDING PERMIT APPLICATION if Applicable)  
PZC PERMIT# \_\_\_\_\_ IWWC# \_\_\_\_\_ FLOOD ZONE \_\_\_\_\_ CAM (Y/N) \_\_\_\_\_ VARIANCE# \_\_\_\_\_

Description of proposed project:

**PLEASE ATTACH A DETAILED PLOT PLAN AND OTHER INFORMATION PER CHECK SHEET ATTACHED**

- Is land owned by Mashantucket Pequot Tribe? Y  N  If yes, is letter from MPT attached? Y  N
- Are there any deed restrictions, restrictive covenants or conditions of approval associated with the subject parcel that may conflict with this proposal? Y  N

Owner/applicant/agent signature \_\_\_\_\_

- Agent declares all statements are true and permission by owner to make application as owner's authorized agent has been granted.

**YOU WILL BE CONTACTED AS SOON AS YOUR PERMIT IS APPROVED/DENIED, or IF ADDITIONAL INFORMATION IS NEEDED.**

Wetlands Screening: \_\_\_\_\_ Date \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Date \_\_\_\_\_

Stipulations: \_\_\_\_\_

The following additional items required (ONLY IF CHECKED (v)).

- Erosion Control measures required
- Anti-tracking pad must be installed at entrance of property prior to any other activities
- Certified Improvement Location Survey ("As-Built") for structure, with surveyor's stamp required prior to issuance of Cert. of Zoning Compliance

Denied by: \_\_\_\_\_ Reason for denial: \_\_\_\_\_ Date: \_\_\_\_\_

This permit is issued based upon the plot plan submitted. Falsification by misrepresentation, or omission, or failure to comply with the conditions of approval, shall render this permit null and void and may constitute a violation of the Town of Ledyard Zoning Regulations. Any modification or alteration to the approved plans shall require further review and/or approval. The applicant may provide notice of decision in the Legal Notice portion of the "Classified" section of "The Day" newspaper, in accordance with Section 8-3 (f) of the Connecticut General Statutes (CGS). An appeal of this decision may be taken to the Zoning Board of Appeals (ZBA) by either the applicant or an aggrieved party, in accordance with Section 8-7 of the CGS.

## PLOT PLAN CHECK SHEET

**Applicability:** A Plot plan is required for applications for accessory uses and structures that do not require a Site Plan such as sheds, pools, barns, decks, additions, minor change of use etc. (See Section 3.5(3))

Your Plot Plan need not be prepared professionally, but it must contain a Map of your property, a Floor Plan of the building you will use for your Accessory Use or Structure and a Sign Sketch that shows the design of your sign, if applicable.

### All DRAWINGS must:

- Show the total acreage of the property and all property boundaries with lengths indicated in feet. Applicant may submit any of the following provided all information necessary to show compliance is included on the drawing:
  - o a Class D survey;
  - o a detailed plan drawn to scale utilizing CAD;
  - o GIS maps prepared by town staff; or
  - o a neatly drawn to scale plan with applicable labels and legends
- Be on 8 ½" x 11" or larger white paper (larger is preferred);
- Be in ink or be a copy-machine reproduction

### The MAP must contain the following information:

- Your name, the property owner's name, and the property address;
- The name of the frontage road;
- The location of all existing buildings/structures;
- The location of all existing driveways, parking areas, and turn-around areas;
- The location of your well and septic system (if applicable);
- Location of wetlands, watercourses and wetlands buffers;
- Any existing or proposed easements and deed restrictions affecting the property including Conservation and/or Open Space areas including any areas/easements required by the Inland Wetlands Commission;
- Any stone walls monuments, and other structures having historical or archeological significance;
- **The location of the proposed building or the building in which your activity will occur;**
- **Provide accurate setback distances from proposed structures to existing property lines and any other applicable setback line;**
- The words "Prepared By" followed by the preparer's signature and date.

### Property Information:

- **Please provide a copy of your current property card and deed. (See Assessor and Town Clerk)**

### The FLOOR PLAN (if applicable) must contain the following information:

- Show all interior and exterior building walls to scale;
- Labeled uses for all rooms;
- **For Home Occupations:** Show the area (in square feet) of the residence and the area (in square feet) of the space in which the Home Occupation activity will occur; and show all indoor storage areas, partitions, and other features to be installed or constructed. Outside storage of materials associated with a Home Occupation is prohibited.

**Note:** For all applications for change of use, boundary line adjustments, additions to existing structures, new accessory uses, accessory structures >200sf, and all pools, a LEDGE LIGHT HEALTH DISTRICT application and approval is required. For all proposed structures >200sf, a BUILDING PERMIT is required.