

Fee: Shall be Determined In Accordance With Ordinance #300-008 + \$60.00 State Surcharge

Application Date: _____

Permit # _____

Check _____ Cash _____ Receipt # _____

TOWN OF LEDYARD

ZONING PERMIT



TO ACCOMPANY BUILDING PERMIT APPLICATION

PLEASE REFER TO ZONING REGULATIONS FOR ASSISTANCE WITH APPLICATION DETAILS.

Estimated Cost: \$ _____
(Same as for corresponding Building Permit application.)

Location of work (street address): _____

Existing use: _____

Property owner: _____

Owner address (if different than above): _____

E-mail address: _____

Telephone #: _____ -- _____ -- _____ Fax: _____ -- _____ --

Contractor: _____

Address: _____

E-mail address: _____

Telephone: _____ -- _____ -- _____ Fax: _____ -- _____ --

Zoning District: _____		
Map	Block	Lot

PZC Permit #: _____		
Variance # _____		
Flood Zone: _____		
CAM ? _____		
IWWC App # _____		

PLEASE ATTACH A COPY OF SITE PLAN (with actual setbacks of structure to every property line)

PROPOSED STRUCTURE:	Square Footage: _____	Length: _____	Width: _____	Height: _____
<u>Description of proposed project:</u>				

- Is land owned by **Mashantucket Pequot Tribe**? Y N **If yes**, is letter from MPT attached? Y N
- Are there any restrictions or comments on the deed for this parcel or in this subdivision 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.

Owner/applicant/agent e-mail address (if different) _____

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

Wetlands Screening: _____	Date _____
Zoning Approval: _____	Date _____
Stipulations: _____	
<input type="checkbox"/> Erosion Control measures required – (ONLY IF CHECKED (√)). <input type="checkbox"/> Anti-tracking pad must be installed at entrance of property prior to any other activities – (ONLY IF CHECKED (√)). <input type="checkbox"/> Certified Improvement Location Survey (“As-Built”) for structure, with surveyor’s stamp, is required prior to issuance of Certificate of Compliance – (ONLY IF CHECKED (√)).	
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.

Rev. 11/17/20