



TOWN OF LEDYARD
Land Use Department

741 Colonel Ledyard Highway, Ledyard, CT 06339
Telephone: (860) 464-3266

SUBDIVISION/RE-SUBDIVISION APPLICATION

Application # _____ Receipt Date: _____ Fee: _____

Owner of Record: _____ Applicant: _____

Mailing Address: _____ Mailing Address: _____

E-mail: _____ E-mail: _____

Phone: _____ Phone: _____

- If applicant and owner of record are not the same, attach written proof of authority to act for owner.

Name of Subdivision: _____

Type: ___ Conventional ___ Conservation ___ Open Space Total Lots Proposed _____

Acreage Open Space Provided _____ or Fee-in-lieu of Open Space Proposed _____

Total Acreage (pre-subdivision): _____ Zoning District: _____

Location:

Street _____ Map/Block/Lot _____ / _____ / _____

Street _____ Map/Block/Lot _____ / _____ / _____

Street _____ Map/Block/Lot _____ / _____ / _____

Street _____ Map/Block/Lot _____ / _____ / _____

- Watershed Area
- Aquifer Protection Area
- FEMA Flood Zone
- Wetlands on property

Surveyor: _____

Engineer: _____

Mailing Address: _____

Mailing Address: _____

E-mail: _____

E-mail: _____

Phone: _____

Phone: _____