

TOWN OF LEDYARD
APPLICATION FOR ZONING PERMIT
(Other than accompanying a Building Permit)

Application No. _____

Receipt Date _____

CAM Exempt? Y N

Date Submitted April 26, 2010

Location of Work (street address) 83 Inchliffe Dr.

Zoning District R-20

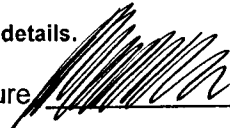
Is this property within 500 feet of another town? No

CAM Zone? Y **(N)**

Existing Use Vacant

Tax Assessor's Map No. 106

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

Applicant/Agent Mark K. Branse * Signature 

Address 148 Eastern Blvd. Suite 301, Glastonbury CT 06033 Telephone (860) 659-3735

Owner (if different) Mark C. Coen

Address of Owner 5 Allyn Lane Ledyard, CT 06335 Telephone (860) 608-7181

Proposal:*

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Sign Permit | <input checked="" 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 Text Amendment to permit three dwelling unit affordable housing development
filed pursuant to Conn. Gen. Stat. 8-30g (see attached text)

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"/> Contractor Home Occupation | <input type="checkbox"/> Child Day Care Center |
| <input type="checkbox"/> Country Inn | <input type="checkbox"/> Commercial Vehicle/
Contractor Equipment
Storage |
| <input type="checkbox"/> Temporary Saw Mill | <input type="checkbox"/> Home Husbandry** |

+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 _____