

# TOWN OF LEDYARD CONNECTICUT

Inland Wetlands and Watercourses

741 Colonel Ledyard Highway  
Ledyard, CT 06339-1511  
(860) 464-8740  
(Fax) (860) 464-1126  
WWW.TOWN.LEDYARD.CT.US

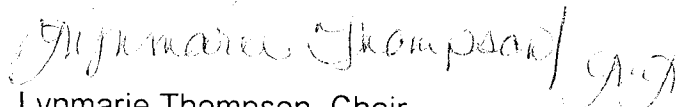
## LEGAL NOTICE INLAND WETLANDS AND WATERCOURSES COMMISSION NOTICE OF DECISION

At their regularly scheduled meeting of March 21, 2006, the Ledyard Inland Wetlands and Watercourses Commission rendered the following decision:


**Application #6-06**, Mark Coen (applicant/property owner), 83 Inchliffe Drive, proposed new single-family home in proximity to wetlands **Classified "B" and APPROVED with conditions.**

A copy of the application and decision is available for inspection in the Zoning and Wetlands Office, Ledyard Town Hall, 741 Colonel Ledyard Highway, Ledyard, CT.

FOR THE COMMISSION,

  
Lynmarie Thompson, Chair

PLEASE PUBLISH IN "THE DAY"  
FRIDAY, MARCH 24, 2006

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315

3/24/06  
**Town of Ledyard**  
**INLAND WETLANDS AND**  
**WATERCOURSES**  
**COMMISSION**  
**NOTICE OF DECISION**

At their regularly scheduled meeting of March 21, 2006, the Ledyard Inland Wetlands and Watercourses Commission rendered the following decision:

**Application #4-06, Mark Coen** (applicant/property owner), 83 Incliffe Drive, proposed new single-family home in proximity to wetlands Classified "B" and **APPROVED** with conditions.

A copy of the application and decision is available for inspection in the Zoning and Wetlands Office, Ledyard Town Hall, 741 Colonel Ledyard Highway, Ledyard, CT.

**FOR THE COMMISSION,**  
 Lynmarie Thompson, Chair

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Mark Coen*

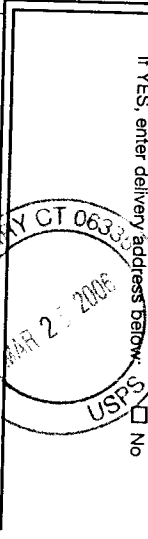
*83 Incliffe Lane  
 Ledyard Ferry, CT 06335*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Mark Coen* B. Date of Delivery *3-25-06*

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_



3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Co) *7004 1350 0003 6936 6971*

PS Form 3811, July 1999 Domestic Return Receipt

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Certified Fee	<i>2.40</i>
Return Receipt Fee (Endorsement Required)	<i>1.85</i>
Restricted Delivery Fee (Endorsement Required)	<i>4.64</i>
<b>Total Postage &amp; Fees</b>	<b>\$ <i>11.24</i></b>

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PS Form 3800, June 2002 See Reverse for Restrictions

7004 1350 0003 6936 6971