

SCANNED

APPLICATION FOR ZONING PERMIT  
NOANK FIRE DISTRICT ZONING COMMISSION  
NOANK, CT 06340

Zone R-20 Date Received \_\_\_\_\_ Fee \_\_\_\_\_ Permit# \_\_\_\_\_

Description of Permit Use: Demo and remove existing cable over the garage. Construct a new more traditional cable to match existing.

Name & Address of Applicant: Dan Tyler - 476 shewville Rd

City, State, Zip: Ledyard, CT. 06339 Phone: 203-868-6357

Email Address: blackrockdevelopmentllc@gmail.

Name & Address of Owner of Record: Maura Niles 7 Spicer ave, Noank

Phone: 203-915-8743

Email Address: mniles92@comcast.net

Address of Subject Property: 7 Spicer ave, Noank

Map# 260820 Block# 81 Lot# 6327

This application must be accompanied by a sketch, drawn to scale, showing:

1. The actual shape and dimensions of the lot to be built upon or the activity to be permitted.
2. Size, area, shape and approximate location of all existing principal and accessory structures on the property.
3. The lines within which the proposed building, or structure, is to be erected or altered.

(The applicant may consult the zoning enforcement officer for assistance in completing this form)

I certify that the information contained in this application is true and correct and hereby authorize the Zoning Enforcement Officer to enter upon the property in question for the purpose of inspecting the conditions described in this application and enforcement of the Zoning Ordinances of the Fire District.

Property Owner/Agent's Signature: [Signature] Date: 5/5/26

FOR ADMINISTRATIVE USE

Zoning Plan Examiner's Notes

CAM Review Required \_\_\_\_\_ Exemption \_\_\_\_\_ FEMA \_\_\_\_\_

Front Yard \_\_\_\_\_

Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_

Rear Yard \_\_\_\_\_ Building Height \_\_\_\_\_

Lot Coverage \_\_\_\_\_

Notes: \_\_\_\_\_

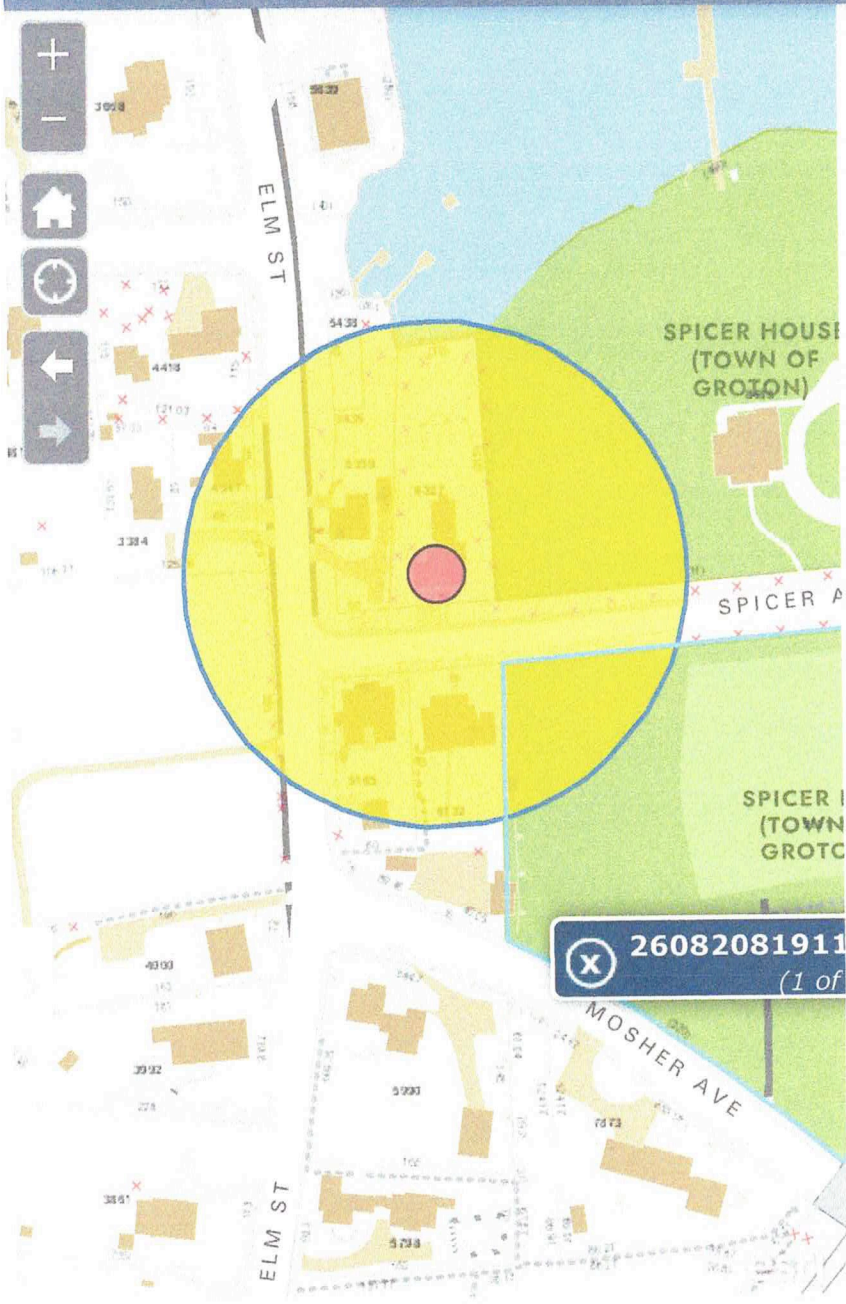
\_\_\_\_\_

Approval is GRANTED for the project described above. You may now apply for a building permit at the Building Inspection Office of the Town of Groton.

COMMENTS AND CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

Zoning Enforcement Officer \_\_\_\_\_ Date: \_\_\_\_\_



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