### The Lakeville Journal Company LLC

64 Route 7 North Falls Village, CT 06031 860-435-9873

## CONFIRMATION 04/19/24 1 CL

Phone: 860-435-5182

Salisbury; Town of PO BOX 548 Salisbury, CT 06068

Your sales rep is: MICHELLE EISENMAN

Issue Dates Description Amount

Running in The Lakeville Journal and The Lakeville Journal Digital Ed.:

04/25/24 Legals - 44 Lines \$ 77.00

Legal Ad #655955

TOTAL CHARGES ----> \$ 77.00

Heading: 999 — Legal Notice Ad #655955

#### **Legal Notice**

The Planning & Zoning Commission of the Town of Salisbury will hold a Public Hearing on Special Permit Application #2024-0243 by Allied Engineering for a Detached Apartment on a Single Family Residential Lot at 249 Undermountain Road, Salisbury, Map 19, Lot 4 per Section 208 of the Salisbury Zoning Regulations. The owner of the property is Sallie Ketcham. The hearing will be held on Monday, May 6, 2024 at 6:45 PM. There is no physical location for this meeting. This meeting will

be held virtually via Zoom where interested persons can listen to & speak on the matter. The application, agenda and meeting instructions will be listed at www.salisburyct.us. Written comments mav submitted to the Land Use Office, Salisbury Town Hall, 27 Main Street, P.O. Box 548, Salisbury, CT or via email aconroy@salisburyct.us. Paper copies may reviewed Monday through Thursday between the hours of 8:00 AM and 3:30 PM.

Salisbury Planning & Zoning Commission

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Ad #655955 (Continued)

Martin Whalen, Secretary 04-25-24

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 4-24-24 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No STEIN KEITH B SURV & BARBARA SURV PO BOX 606 SALISBURY, CT 06068-0606 ☐ Priority Mail Express® ☐ Registered Mail™ Service Type Adult Signature ☐ Registered Mail Restricted Delivery Adult Signature Restricted Delivery Certified Mail® ☐ Signature Confirmation™ Certified Mail Restricted Delivery 9590 9402 6942 1104 3687 96 ☐ Signature Confirmation Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ured Mail ured Mail Restricted Delivery 7020 2450 0000 8367 4066 Domestic Return Receipt - PS Form 3811, July 2020 PSN 7530-02-000-9053 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ☐ Agent ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse ☐ Addressee X Date of Delivery so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes □ No 1. Article Addressed to: If YES, enter delivery address below: SACKS DAVID SURV & TRAN THU SURV PO BOX 305 SALISBURY, CT 06068-0305 ☐ Priority Mail Express® Service Type ☐ Registered Mail™ ☐ Adult Signature ☐ Registered Mail Restricted Delivery Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 7168 1251 8875 18 ☐ Signature Confirmation Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) Insured Mail Insured Mail Restricted Delivery (over \$500) 7020 2450 0000 8367 4073 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 124 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: LUDWIG SCHATZI 252 UNDERMOUNTAIN RD SALISBURY, CT 06068-1524 ☐ Priority Mail Express® Service Type ☐ Registered Mail™ ☐ Adult Signature ☐ Registered Mail Restricted Adult Signature Restricted Delivery Delivery ☐ Certified Mail® ☐ Signature Confirmation™ Certified Mail Restricted Delivery 9590 9402 7168 1251 8875 32 Collect on Delivery Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service label) sured Mail sured Mail Restricted Delivery 7020 2450 0000 8367 4080 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053