

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/16/2021 Zone: _____

Applicant's Name: Owner

Applicant's Address: Niantic Morton Street LLC, 7 Upper Heatherwood, Cromwell, CT 06416 phone: (860) 739-3692

Location of Affected Premises: 215 Main Street Assessor's Map/Block/Lot: 12.1/72

Owner of Record: Niantic Morton House LLC Volume/Page: 549/257

Owner's Address: 7 Upper Heatherwood
5 Iron Gate Lane, Cromwell, CT 06416 Telephone: 860-394-1309

DESCRIPTION OF SPECIAL PERMIT REQUESTED {Requires compliance with Zoning Regulations 24, 25 & 9 and all other applicable Zoning Regulations of the Town of East Lyme; also state which sections of Zoning Regulations Special Permit is subject to}:

Renewal of Special Permit Application for Outdoor Dining at the above referenced premises with the following previously approved conditions:

1. Light amplification will be allowed;
2. Music/Entertainment not to exceed 10:00 p.m., on Friday, and Saturday, and on Sunday of long weekends;
3. Permit valid for one year.

Signature of Owner/Applicant: 

Attach a true copy of the Deed and a Site Plan {10 copies required}. A copy of the deeds for all affected properties and a site plan demonstrating compliance with all applicable zoning code requirements must accompany this application.

Proof of posting of Special Permit Application public notice sign (Section 25.4.3-1). Proof of posting of the Special Permit Application for Public Notice must be submitted.

Below this line for Office Use Only:

Deed Copies Attached:	YES	NO	
			PERMIT FEE: SPECIAL PERMIT FEE \$150.00 _____
			OUTDOOR DINING RENEWAL \$20.00 <u>20.00</u>
Site Plan Attached:	YES	NO	N/A
			SITE PLAN FEE \$200.00 _____
			STORM WATER \$200.00 _____
			STATE FEE: \$60.00
CHECK #:	<u>2569</u>		TOTAL DUE: \$ <u>80.00</u>

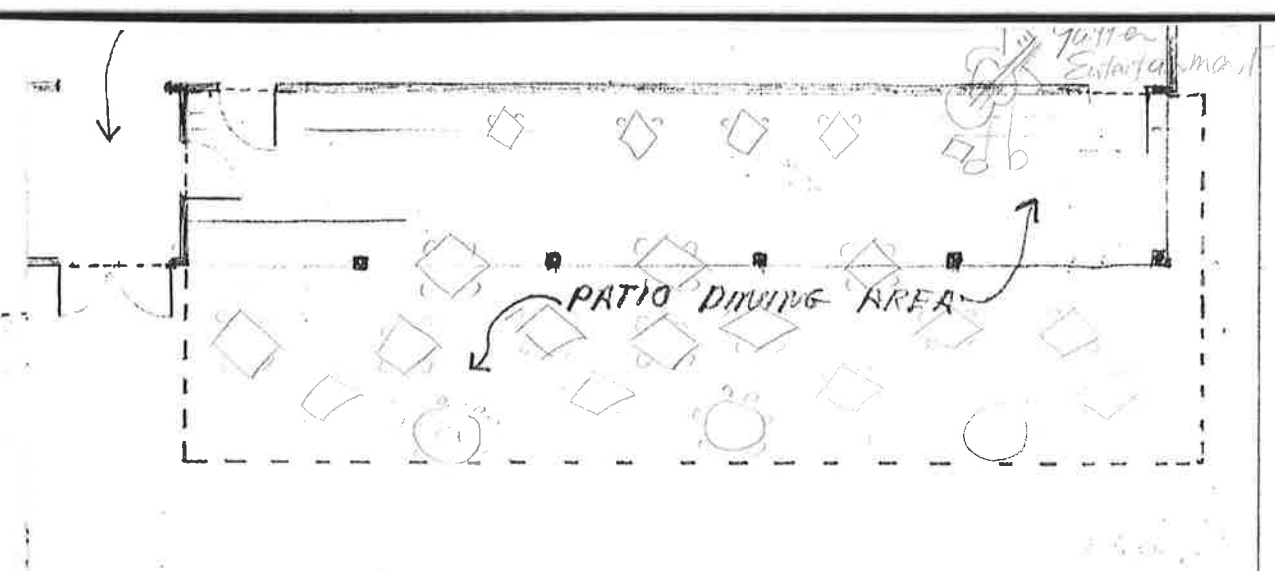
Date Approved: _____ Date Denied: _____

Approval subject to conditions below:

1. _____
2. _____

Approval to become effective upon publication and date of entry into the land records of the Town of East Lyme affecting the premises as described in this application.

Date: _____ Attest _____
East Lyme Zoning Chairman



SMARTY'S RESTAURANT & PUB

215 Main Street; Smarty's