

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

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

Applicant's Name: Kostas Anastasiou

Applicant's Address: 26 W Main Street, Niantic, CT 06357 Telephone: (860) 739-2975

Location of Affected Premises: 26 W Main St Assessor's Map/Block/Lot: 11.2/17

Owner of Record: Seashell PTK LLC Volume/Page: 729/454

Owner's Address: same as above Telephone: (860) 739-2975

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:

- A. No outdoor entertainment is allowed
- B. May have speakers of low volume
- C. Weekday hours until 9:00 p.m., Friday and Saturday hours until 10:00 p.m.
- D. Lighting must be minimal and turned off at the close of business
- E. 1 year permit

Signature of Owner/Applicant: Kostas Anastasiou

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 #: 3203

TOTAL DUE: \$ \$80.00

Date Approved: _____ Date Denied: _____

Approval subject to conditions below:

- _____
- _____

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

