

Town of East Lyme

PO Box 519
Niantic, CT 06357
(860) 691-4114
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Zone TA Permit # _____

Date Entered into ZTA Log _____

APPLICATION FOR ZONING REGULATION TEXT AMENDMENT

Date of Application: 7/28/2021


Applicant's Name: Laurie Zrenda c/o Theodore A. Harris, Esq.

Applicant's Address: 351 Main Street, Niantic, CT 06357 Telephone: (860) 739-6906

Text Amendment of Section #: 11.2 and 25.5

DESCRIPTION OF TEXT AMENDMENT OF ZONING REGULATIONS REQUESTED {*must comply all other applicable Zoning Regulations of the Town of East Lyme*}:

Add additional Special Permit Use for marijuana dispensary per attached.

Signature of Applicant: BY: Laurie Zrenda

Theodore A. Harris, Esq.

Below this line for Office Use Only:

Attach a copy of what is being changed, omitted or added to the Zoning Regulations.

AMENDMENT PROPOSAL ATTACHED YES NO

PERMIT FEE: TEXT AMENDMENT \$300.00

STATE FEE: \$60.00

CHECK #: 29643

TOTAL DUE: \$ 360.00

At its meeting on the _____ day of _____, _____, the East Lyme Zoning Commission voted and accepted the above referenced Text Amendment to the Town of East Lyme Zoning Regulations.

Dated: _____

Matthew Walker, Chairman
East Lyme Zoning Commission

Add to LI Special Permits: Marijuana Dispensary

25.5 Special Conditions

A. Location Restrictions:

The property on which the Dispensary is located shall not be less than 2000 feet from the following, measured at the closest mutual property line:

Public or private school

Places of worship

Public or private playgrounds

Any other Dispensary

Places serving alcoholic beverages for consumption on premises

Hospital

Library

B. Operation Hours: Shall not exceed 9AM to 9PM.

C. Parking: Shall be in accordance with retail store requirements, unless modified by the Zoning Commission.

D Sales/Consumption: All sales shall occur within a building, and no consumption/use of the product shall occur on site.

E Licensing. The Dispensary must be licensed by the State of Connecticut, and shall be operated in conformity with all applicable rules and regulations.