

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/10/2022 Zone: LI

Applicant's Name: Fresh Lyme Partners, LLC

Applicant's Address: 40 Mostoway Road, East Lyme, CT 06333 Telephone: (860) 460-5694

Location of Affected Premises: 15 Colton Road Assessor's Map/Block/Lot: 09.0/14

Owner of Record: Zanadu, LLC Volume/Page: 1060/95

Owner's Address: 40 Mostoway Road, East Lyme, CT 06333 Telephone: (860) 460-5694

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}:

Cannabis establishment pursuant to Section 11.2.13

Signature of Owner: _____

Signature of 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 _____

Site Plan Attached: YES NO N/A SITE PLAN FEE \$300.00 _____

STORM WATER \$300.00 _____

STATE FEE: \$60.00

CHECK #: _____

TOTAL DUE: \$ _____

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