

# Town of East Lyme

PO Box 519  
Niantic, CT 06357  
(860) 691-4114  
Fax: (860) 691-0351

Special Permit # \_\_\_\_\_

Date Entered into SP Log \_\_\_\_\_

## APPLICATION FOR SITE PLAN

Date of Application: \_\_\_\_\_ Zone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Affected Premises: \_\_\_\_\_ Assessor's Map/Block/Lot: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Volume/Page: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Application Details \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

\*\*\*\*\*  
**Below this line for Office Use Only:**  
\*\*\*\*\*  
**Attach a true copy a Site Plan {10 copies required}.**

Site Plan Attached:	YES	NO	N/A	PERMIT FEE:	
				SITE PLAN FEE	\$300.00 _____
				STORM WATER	\$300.00 _____
				STATE FEE:	\$60.00
				TOTAL DUE:	\$ _____
				CHECK #:	_____

Date Approved: _____	Date Denied: _____
Approval subject to conditions below:	
1. _____	
2. _____	
3. _____	
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	