

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/22/23 Zone: _____ Email: _____

Applicant's Name: Janeth Velin, Rossa Negra LLC

Applicant's Address: 85 Chesterfield Rd EL 06333 Telephone: _____

Location of Affected Premises: 214 Flanders Rd Assessor's Map/Block/Lot: 26.3/18

Owner of Record: Douglas + Margaret Beach Volume/Page: 26.3/18 874/309

Owner's Address: Po Box 791 Glastonbury Telephone: 203-676-0022

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}:

Outdoor dining

Signature of Owner: _____

Signature of Applicant: Janeth Velin

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	\$300.00	_____
				STORM WATER	\$300.00	_____
CHECK #:	<u>1628</u>			STATE FEE:	\$60.00	
				TOTAL DUE:	\$ <u>800.00</u>	

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