

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: February 15, 2023 Zone: _____

Applicant's Name: Steve Carpenteri, Niantic Bay Inn, Inc dba Lyme Tavern

Applicant's Address: 229 W Main Street, Niantic, CT 06357 Telephone: (860) 625-7761

Location of Affected Premises: 229 W Main St Assessor's Map/Block/Lot: 10.3/1

Owner of Record: Niantic Bay Inn, Inc Volume/Page: 144/574

Owner's Address: 229 W Main St, Niantic CT 06357 Telephone: (860) 739-5631

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. Acoustic Outdoor entertainment only with no amplification
- B. May have speakers of low volume
- C. Last seating at 11:00 p.m., area cleared by midnight
- D. Lighting must be minimal and turned off at close of business
- E. 1 year permit

Signature of Owner/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	<u>\$20.00</u>
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE	\$200.00	_____
				STORM WATER	\$200.00	_____
				STATE FEE:	\$60.00	<u>\$60.00</u>

CHECK #: 10999

TOTAL DUE: \$ \$80.00

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