

# Town of East Lyme

## APPLICATION FOR SPECIAL PERMIT

Date of Application: February 15, 2023 Zone: \_\_\_\_\_

Applicant's Name: Teddy Ignatiadis, d/b/a Main Street Grille in Niantic

Applicant's Address: 4 MacKinnon Pl, East Lyme CT 06333 Telephone: (860) 326-4000

Location of Affected Premises: 252 Main St Assessor's Map/Block/Lot: 12.1/115

Owner of Record: Ignatiadis Realty LLC Volume/Page: 997/265

Owner's Address: 4 Mackinnon Place, East Lyme, CT 06333 Telephone: (860) 912-0916

**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. No outdoor entertainment is allowed
- B. May have speakers of low volume
- C. Deck and Patio to be cleared by midnight and closed
- D. Lighting must be minimal and turned off at the close of business
- E. Special Permit applies to rear deck and patio only
- F. 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 #: <u>2270</u>			TOTAL DUE: <u>\$80.00</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