

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/15/2023 Zone: _____

Applicant's Name: Steve Turner

Applicant's Address: 581 Sandy Hollow Rd, Mystic CT 06355 Telephone: (860) 857-9013

Location of Affected Premises: 374 Main St Assessor's Map/Block/Lot: _____

Owner of Record: Steve Turner Volume/Page: 942/485

Owner's Address: same as above Telephone: (860) 857-9013

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. No speakers
- C. Last seating at 10:00 p.m.
- D. 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>
	TOTAL DUE:		<u>\$80.00</u>

CHECK #: 16569

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