

# Town of East Lyme

## APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/15/2023 Zone: \_\_\_\_\_

Applicant's Name: Emin Emini d/b/a Black Point Pizza

Applicant's Address: 44 Black Point Road, Niantic, CT Telephone: (203) 906-8429

Location of Affected Premises: 44 Black Point Road Assessor's Map/Block/Lot: 11.4/124

Owner of Record: Emin Emini & Nedret Emini Volume/Page: 972/164

**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:

1. Low amplified background music
2. Lighting and fence within purview of Zoning Office
3. Last seating on weekdays at 8:00 p.m., weekends 9:00 p.m.

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

Signature of 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:**  
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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
CHECK #:	<u>3008</u>		TOTAL DUE:		\$	<u>80.00</u>

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