

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/27/23 Zone: _____

Applicant's Name: Dr. Cara Obadowski clo1020@aol.com

Applicant's Address: 3 Diana Hill Dr. Millbury, MA 01527 Telephone: 860 748 6720

Location of Affected Premises: 9 Lake Ave Niantic, CT 06357 Assessor's Map/Block/Lot: 131 11.2/ 131

Owner of Record: Dr. Lee Carpenter Volume/Page: 1006/845

Owner's Address: _____ Telephone: 860 961 8609

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}:

Niantic Animal Hospital to operate Veterinary Practice

Signature of Owner: [Signature]

Signature of Applicant: Cara Obadowski

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 \$150.00 150.00

OUTDOOR DINING RENEWAL \$20.00 _____

Site Plan Attached: YES NO N/A SITE PLAN FEE \$300.00 _____

STORM WATER \$300.00 _____

STATE FEE: \$60.00

CHECK #: 1195

TOTAL DUE: \$ 210.00

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