

# Town of East Lyme

## APPLICATION FOR SPECIAL PERMIT

Date of Application: 5/17/23 Zone: \_\_\_\_\_ Email: au.ricky@icloud.com

Applicant's Name: Ricky Au au.ricky@icloud.com

Applicant's Address: 202 Flanders Rd Stonington CT 06378 Telephone: 860 823 0326

Business Name (if applicable): The Spice Club

Location of Affected Premises: 239 Main St Niantic Assessor's Map/Block/Lot: 12.1/109

Owner of Record: Mitchell Trust LLC Volume/Page: 443/335

Owner's Address: PO BOX 713 Niantic CT 06357 Telephone: \_\_\_\_\_

**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}:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 25.3.3-1).** Proof of posting of the Special Permit Application for Public Notice must be submitted.

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### Below this line for Office Use Only:

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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

TOTAL DUE: \$ 210.00

CHECK #: 1673

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 Official	