

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 10/09/23 Zone: _____ Email: Cherbert28@gmail.com
Applicant's Name: Christopher Herbert
Applicant's Address: 39 Norman St Niantic CT 06357 Telephone: 860-917-3045
Business Name (if applicable): Constantines On The Bay
Location of Affected Premises: 252 Main St Niantic CT 06357 Assessor's Map/Block/Lot: 12.1/115
Owner of Record: Ignatiadis Realty LLC d/s Volume/Page: 997/265
Owner's Address: 4 Mackinnon Pl EL 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):

Full Service Restaurant outdoor dining

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.

Below this line for Office Use Only:

Deed Copies Attached:	YES	NO	PERMIT FEE: SPECIAL PERMIT FEE	\$150.00	<u>150.00</u>
			OUTDOOR DINING RENEWAL	\$20.00	_____
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE	\$300.00 _____
				STORM WATER	\$300.00 _____
CHECK #:	_____			STATE FEE:	\$60.00
				TOTAL DUE:	\$ <u>210.00</u>

Date Approved: _____ Date Denied: _____ Publication Date: _____ Effective Date: _____

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