

**Town of East Lyme**

***APPLICATION FOR ARCHITECTURAL DESIGN REVIEW***

Date of Application: \_\_\_\_\_ Zone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Location of Affected Premises: \_\_\_\_\_ Assessor Map/Block/Lot: \_\_\_\_\_

Type of Design Review (Choose One)

New Construction

Major Alteration

Minor Alteration

**APPLICATIONS FOR DESIGN REVIEW SHALL BE SUBMITTED IN COMPLIANCE WITH SECTION 34 ARCHITECTURAL DESIGN REVIEW REGULATIONS NIANTIC & FLANDERS VILLAGE DESIGN DISTRICTS**

Signature of Applicant: \_\_\_\_\_

**Applications submitted for review shall comply with all applicable regulations.**

**Applications that are deemed incomplete may be rejected for failure to provide the required documentation.**

**Documentation required: written narrative and supporting documentation illustrating compliance with Section 34 of the East Lyme Zoning Regulations.**

**All documentation must be submitted at the time of application.**

Approved	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 Officer or Commission Chairman			

