

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3-13-2024 Zone: CA Email: Mino.emini@hotmail.com

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 Applicant: 
 Signature of Owner: 

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	_____
			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 _____
CHECK #:	<u>3493</u>			STATE FEE:	\$60.00
			TOTAL DUE:	\$	<u>80.00</u>

Date Approved: _____	Date Denied: _____
Approval subject to conditions below:	
1. <u>SEE ABOVE</u>	
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 Commission Chairman	

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: castello.pizza@a.yahoo.com

Applicant's Name: Eduardo Martone

Applicant's Address: 55 Sheffield Pl Southington CT 06489 Telephone: (203)631-4312

Location of Affected Premises: 11 E Pattagansett Rd (Castello's) Assessor's Map/Block/Lot: 11.2/150

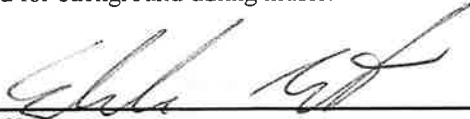
Owner of Record: Darm & K LLC Volume/Page: 944/301

Owner's Address: same as above Telephone: (203) 631-4312

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:

- A. No outdoor entertainment is allowed
- B. Last seating on weekdays is at 8:00 p.m., outdoor patio to close at 9:00 p.m.
- C. Last seating on weekends is at 9:00 p.m., outdoor patio to close at 10:00 p.m.
- D. Low level speakers allowed for background dining music.
- E. 1 year permit

Signature of Applicant: 

Signature of Owner (If Different): _____

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	_____
		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:	<u>\$60.00</u>
CHECK #: <u>3746</u>		TOTAL DUE:	\$	<u>\$80.00</u>

Date Approved: _____	Date Denied: _____
Approval subject to conditions below:	
1. <u>SEE ABOVE</u>	
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 Commission Chairman	

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/11/24 Zone: CA Email: Scott0223@hotmail.com
Scott0223@hotmail.com

Applicant's Name: Scott O'Reilly, Owner, East Lyme Café, LLC dba Smokey O'Grady's

Applicant's Address: 306 Flanders Road East Lyme, CT 06333 Telephone: 8606086509

Location of Affected Premises: 306 Flanders Road (Smokey's) Assessor's Map/Block/Lot: 31.3/7

Owner of Record: HW Properties LLC Volume/Page: 816/298

Owner's Address: 565 Coleman Street, New London, CT 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}:

Renewal of Special Permit Application for Outdoor Dining at the above referenced premises with the following previously approved conditions:

1. Entertainment will be allowed with acoustic guitar without amplification and a low level amplifier for the microphone only. Entertainment will be allowed until 10:00 p.m.;
2. Service will be from 11:00 a.m. to 11:00 p.m., the last seating will be allowed at 10:00 p.m. All service shall cease at 11:00 p.m.;
3. Upon request of the East Lyme Cemetery Association, any entertainment outside will be halted for burial services;
4. There are to be 9 fixed seats around the service counter and 5 fixed seats around the tabletop and that will be serviced by wait staff;
5. 1 year permit

Signature of Applicant: _____

Signature of Owner (if different): SCOTT O'REILLY

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	_____
				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	<u>\$60.00</u>
CHECK #:	<u>8636</u>			TOTAL DUE:		<u>\$ 80.00</u>

Date Approved: _____ Date Denied: _____

Approval subject to conditions below:

1. SEE ABOVE

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 Commission Chairman

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/18/2024 Zone: _____ Email: andy@fivechurchesbreweing.com

Applicant's Name: Five Churches by the Bay llc

Applicant's Address: P.O. Box 306 New Britain, Ct 06050 Telephone: 8602503343

Business Name (if applicable): _____

Location of Affected Premises: 215 Main st , Niantic , Ct Assessor's Map/Block/Lot: 12.1 72

Owner of Record: Niantic Morton House LLC Volume/Page: _____

Owner's Address: 7 Upper Heatherwood Cromwell CT Telephone: 860250-1122

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}:

outdoor dining permit renewal

See attached for conditions

Signature of Owner: _____

Signature of Applicant: Andrew Sklavouris

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	_____
			OUTDOOR DINING RENEWAL	\$20.00	<u>X</u>
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE	\$300.00 _____
				STORM WATER	\$300.00 _____
CHECK #:	<u>1184</u>			STATE FEE:	\$60.00
				TOTAL DUE:	\$ <u>80.00</u>

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

Approval subject to conditions below:

- _____
- _____

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 Commission Chair

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: khalidis@hotmail.com

Applicant's Name: TIHT, Inc., dba Family Pizza

Applicant's Address: 233 Main Street, Niantic, CT 06357 Telephone: (860) 739-0466

Location of Affected Premises: 233 Main St Family Pizza Assessor's Map/Block/Lot: 12.1/110

Owner of Record: HAR-TRI, LLC Volume/Page: 1009/0141

Owner's Address: 233 Main St, Niantic CT 06357 Telephone: (860) 739-0466

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:

- a. The patio shall close one hour after the kitchen closes but no later than 12 midnight.
b. The setback requirements will be waived to zero as per the site plan.
c. A sign will be posted that there is "No Sitting on the Wall" outside in the patio area.
d. Patrons shall not use the patio area for consumption of alcohol unless seated at a table.
e. 1 year permit

Signature of Applicant: [Signature]
Signature of Owner (if Different): _____

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:

Table with columns for fees: Deed Copies Attached, PERMIT FEE, OUTDOOR DINING RENEWAL, Site Plan Attached, SITE PLAN FEE, STORM WATER, STATE FEE, TOTAL DUE.

CHECK #: 3437

Approval box containing Date Approved, Date Denied, Approval subject to conditions below, and Attest East Lyme Zoning Chairman.

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: Harold.Hond@yahoo.com

Applicant's Name: Leo Roche, Strive LLC

Applicant's Address: 4 Pearl Street, Mystic, CT 06355 Telephone: (860) 705-3846

Location of Affected Premises: 247-2 Main St Assessor's Map/Block/Lot: 12.1/108

Owner of Record: Leo Roche, Strive LLC Black Sheep Volume/Page: 789/602

Owner's Address: 4 Pearl Street, Mystic, CT 06355 Telephone: (860) 705-3846

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:

- a. The outside live acoustic music will not have an amp on the guitar; only the microphone and the microphone will be cut off at 8 PM.
- b. The soft, background, outside dinner music from the speakers will be shut off at 10 PM.
- c. The patio shall close one hour after the kitchen closes but no later than 12:30 a.m.
- d. The setback requirements will be waived to zero as per the site plan.
- e. A sign will be posted that there is "No Sitting on the Wall" outside in the patio area.
- f. Patrons shall not use the patio area for consumption of alcohol unless seated at a table.
- g. 1 year permit

Signature of Applicant: Leo Roche

Signature of Owner (if different): _____

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 (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 _____

OUTDOOR DINING RENEWAL \$20.00 20.00

Site Plan Attached: YES NO N/A SITE PLAN FEE \$200.00 _____

Received

STORM WATER \$200.00 _____

FEB 26 2024

STATE FEE: \$60.00

CHECK #: 6705

Town of East Lyme
Land Use

TOTAL DUE: \$ 80.00

Date Approved: _____

Date Denied: _____

Approval subject to conditions below:

1. SEE ABOVE

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 Commission Chairman

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: Cherber270@gmail.com

Applicant's Name: Chris Herbert, dba La Llorona

Applicant's Address: 267-283 Main Street, Niantic (aka 13 Hope St) Telephone: (860) 739-5033

Location of Affected Premises: 267-283 Main Street La Llorona Assessor's Map/Block/Lot: 12.1/103

Owner of Record: Mitchell Trust, LLC 48 Attawan Road, Niantic Volume/Page: 443/335

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:

- A. No outdoor entertainment after 11:00 p.m.
- B. 1 year permit

Signature of Applicant: 

Signature of Owner (if different) : _____

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	_____
				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:		<u>\$60.00</u>
CHECK #:	<u>1911</u>			TOTAL DUE:		<u>\$80.00</u>

Date Approved: _____ Date Denied: _____

Approval subject to conditions below:

1. SEE ABOVE

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 Commission Chairman

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CA Email: AfeNejla86@gmail.com

Applicant's Name: Nejla Oksuz

Applicant's Address: 53 W Main St, Niantic, CT 06357 Telephone: (860) 691-1000

Location of Affected Premises: 53 W Main St Niantic Pizza Assessor's Map/Block/Lot: 11.1/9

Owner of Record: Nick & Rita Fokaidis Volume/Page: 781/740

Owner's Address: 18 Society Rd, Niantic CT 06357 Telephone: (860) 691-1000

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:

No amp on the acoustic guitar; low volume speakers are allowed.

Signature of Applicant: [Signature]

Signature of Owner (if different): [Signature]

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	_____
			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>Cash</u>			TOTAL DUE:	\$	<u>80.00</u>

Date Approved: _____ Date Denied: _____

Approval subject to conditions below:
 1. SEE ABOVE

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

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CA Email: lymetavern@atlanticbb.net

Applicant's Name: Steve Carpenteri, Niantic Bay Inn, Inc dba Lyme Tavern

Applicant's Address: 229 W Main Street, Niantic, CT 06357 Telephone: (860) 625-7761

Location of Affected Premises: 229 W Main St (Lyme Tavern) Assessor's Map/Block/Lot: 10.3/1

Owner of Record: Niantic Bay Inn, Inc Volume/Page: 144/574

Owner's Address: 229 W Main St, Niantic CT 06357 Telephone: (860) 739-5631

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:

- A. Acoustic Outdoor entertainment only with no amplification
- B. May have speakers of low volume
- C. Last seating at 11:00 p.m., area cleared by midnight
- D. Lighting must be minimal and turned off at close of business
- E. 1 year permit

Received
MAR 11 2024
 Town of East Lyme
 Land Use

Signature of Applicant _____
 Signature of Owner (if different) : _____



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	_____
			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 <u>\$60.00</u>
CHECK #: <u>11808</u>			TOTAL DUE:	\$	<u>\$80.00</u>

Date Approved: _____ Date Denied: _____

Approval subject to conditions below:

1. SEE ABOVE

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

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: cdevendittis@sbeglobal.net

Applicant's Name: Candace Devendittis

Applicant's Address: 107 Federal St, New London CT 06320 Telephone: (860) 949-7400

Location of Affected Premises: 255 Main St (Dev's on Main) Assessor's Map/Block/Lot: 12.1/107

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

Owner's Address: PO Box 713, Niantic CT 06357 Telephone: 860-451-8141

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:

- A. Waiver of setback requirements.
B. 1 year permit

Signature of Applicant: [Handwritten Signature]
Signature of Owner (if different): _____

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:

Table with 4 columns: Fee Name, Amount, Deed Copies Attached (YES/NO), and Site Plan Attached (YES/NO/N/A). Rows include PERMIT FEE, OUTDOOR DINING RENEWAL, SITE PLAN FEE, STORM WATER, STATE FEE, and TOTAL DUE.

CHECK #: 1726

Approval box containing Date Approved/Denied, Approval subject to conditions below (listing recording of paperwork and SEE ABOVE), Approval to become effective upon publication, Date, and Attest East Lyme Zoning Commission Chairman.

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 03/09/24 Zone: CA Email: Zavalamexicanbistro@gmail.com

Applicant's Name: Martin Zavala

Applicant's Address: 135 Boston Post Rd East Lyme CT 06333 Telephone: (860)691-1200

Location of Affected Premises: 135 Boston Post Rd (Zavala's) Assessor's Map/Block/Lot: 31.1/35

Owner of Record: Village Farm Realty LLC Volume/Page: 436/73

Owner's Address: 357 Delano Dr North Kingstown RI 02852 Telephone: (860)961-3555

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:

- A. No outdoor entertainment is allowed
- B. Last seating on weekdays is at 8:00 p.m., outdoor patio to close at 9:00 p.m.
- C. Last seating on weekends is at 9:00 p.m., outdoor patio to close at 10:00 p.m.
- D. Low level speakers allowed for background dining music.
- E. 1 year permit

Received

MAR 12 2024

Town of East Lyme
Land Use

Signature of Applicant: 

Signature of Owner (if different): _____

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	_____
			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:	<u>\$60.00</u>
CHECK #: <u>1759</u>			TOTAL DUE:	\$	<u>\$80.00</u>

Date Approved: _____

Date Denied: _____

Approval subject to conditions below:

1. SEE ABOVE

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

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CB Email: anna@gourmet-galley.com

Applicant's Name: Anna Lathrop

Applicant's Address: 514 Mohegan Ave, Quaker Hill CT 06375 Telephone: 860-287-7010

Business Name (if applicable): Gourmet Galley

Location of Affected Premises: 185 Main St Unit 104 Assessor's Map/Block/Lot: 12.1/79

Owner of Record: 185 Main LLC Volume/Page: 1073/270

Owner's Address: PO Box 3097 Springfield MA 01101 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}:

- A. No outdoor entertainment is allowed
- B. Last seating on weekdays is at 8:00 p.m., outdoor patio to close at 9:00 p.m.
- C. Last seating on weekends is at 9:00 p.m., outdoor patio to close at 10:00 p.m.
- D. Low level speakers allowed for background dining music.
- E. 1 year permit

Signature of Applicant: Anna Lathrop
 Signature of Owner (if different): Anna Lathrop

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 _____
			OUTDOOR DINING RENEWAL \$20.00 <u>20.00</u>
Site Plan Attached:	YES	NO	N/A
			SITE PLAN FEE \$300.00 _____
			STORM WATER \$300.00 _____
CHECK #: <u>20853</u>			STATE FEE: \$60.00
			TOTAL DUE: \$ <u>80.00</u>

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

Approval subject to conditions below:

1. SEE ABOVE

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 Commission Chairman

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT pmformica@gmail.com

Date of Application: 3/28/24 Zone: CB Email: pmformica@quandl.com

Applicant's Name: 374 MAIN ST LLC PAUL FORMICA

Applicant's Address: 374 MAIN ST NIAHLL Telephone: 860 334 4991

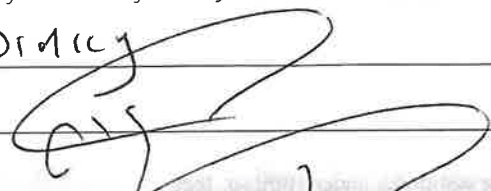
Business Name (if applicable): 374 KITCHEN & COCKTAILS

Location of Affected Premises: 374 Main St Assessor's Map/Block/Lot: 11.2/168

Owner of Record: SECOND HEDRY LLC Volume/Page: 0942/0116

Owner's Address: MYSTIC Telephone: 860-334-4991

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}*:
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	_____
	OUTDOOR DINING RENEWAL	\$20.00	<u>20</u>
Site Plan Attached: YES NO N/A	SITE PLAN FEE	\$300.00	_____
	STORM WATER	\$300.00	_____
CHECK #: <u>2899</u>	STATE FEE:	\$60.00	_____
	TOTAL DUE:		<u>\$80</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