

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CA Email: rossanegrallc@outlook.com

Applicant's Name: Janeth Velin, Rossa Negra LLC

Applicant's Address: 85 Chesterfield Rd, East Lyme CT 06333 Telephone: 203-676-0022

Location of Affected Premises: 214 Flanders Rd (Rosa Negra) Assessor's Map/Block/Lot: 26.3/18

Owner of Record: Douglas Beach & Margaret Beach Volume/Page: 874/309

Owner's Address: PO Box 791, Glastonbury CT 06033 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}:

1 year permit

Special permit for Outdoor Dining

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>2404</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