

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/19/25 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 Niantic CT Assessor's Map/Block/Lot: 12.1/79

Owner of Record: 185 Main LLC Volume/Page: 1073/0270

Owner's Address: PO Box 3097 Springfield MA 01101 Telephone: 860-287-7010

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 Owner: _____

Signature of Applicant: 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
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE
				\$300.00
				STORM WATER
				\$300.00
				STATE FEE:
				\$60.00
				TOTAL DUE:
				\$80.00

CHECK #: 21315

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 Commission Chair