

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/20/25 Zone: CA Email: jvelin99@hotmail.com

Applicant's Name: Janeth Velin

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

Business Name (if applicable): Rossa Negra

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

Owner of Record: Douglas & Margaret Beach Volume/Page: 0874/0309

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};*

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: [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
Site Plan Attached:	YES	NO	N/A SITE PLAN FEE \$300.00
			STORM WATER \$300.00
			STATE FEE: \$60.00
CHECK #: <u>2751</u>			TOTAL DUE: \$80.00

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