

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/20/25 Zone: CB Email: hhalidis@hotmail.com

Applicant's Name: EH LLC

Applicant's Address: 233 Main St Niantic Telephone: (860)739-0466

Business Name (if applicable): Family Pizza

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

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

Owner's Address: 23 W 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 Owner: HAR-TRI LLC

Signature of Applicant: [Handwritten 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
CHECK #:	<u>4227</u>		STATE FEE:	\$60.00	
			TOTAL DUE:	\$80.00	

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