

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/15/25 Zone: CA Email: roderickarnish@yahoo.com

Applicant's Name: Roderick M. Arnish

Applicant's Address: 185 Main St 301 Niantic, CT Telephone: 860 287 2524

Business Name (if applicable): Charlie's Place

Location of Affected Premises: 26 W Main St Niantic Assessor's Map/Block/Lot: 11.2/17

Owner of Record: 157 Green Street LLC Volume/Page: 1098/0505

Owner's Address: 185 Main St Suite 301 Niantic CT 06357 Telephone: 860 739 2975

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. May have speakers of low volume
- C. Weekday hours until 9:00 p.m., Friday and Saturday hours until 10:00 p.m.
- D. Lighting must be minimal and turned off at the close of business
- E. String lights to be hung on patio
- F. 1 year permit

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
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE
				\$300.00
				STORM WATER
				\$300.00
				STATE FEE:
				\$60.00
CHECK #:	<u>1107</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