

# Town of East Lyme

## APPLICATION FOR SPECIAL PERMIT

Date of Application: 3/4/25 Zone: CB Email: cherbert28@gmail.com

Applicant's Name: Chris Herbert

Applicant's Address: 39 Norman St New London CT 06320 Telephone: (860) 739-5033

Business Name (if applicable): La Llorona

Location of Affected Premises: 267-283 Main St (aka 13 Hope St) Niantic Assessor's Map/Block/Lot: 12.1/103

Owner of Record: Mitchell Trust LLC Volume/Page: 0443/0335

Owner's Address: PO BOX 713 Niantic CT 06357 Telephone: [REDACTED]

**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 after 11:00 p.m.**

**B. 1 year permit**

Signature of Owner: [Signature]

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.

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### Below this line for Office Use Only:

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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 #: cash 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