

# Town of East Lyme

## APPLICATION FOR SPECIAL PERMIT

Date of Application: 2/28/25 Zone: CB Email: Hannan@fiandersfish.com

Applicant's Name: Hannan Formica

Applicant's Address: 374 Main Street Niantic CT Telephone: 800 334 8670

Business Name (if applicable): 374 Main Kitchen & Cocktails

Location of Affected Premises: 374 Main St Niantic Assessor's Map/Block/Lot: 11.2/168

Owner of Record: Second Helping LLC Volume/Page: 0942/0116

Owner's Address: 374 Main St Niantic CT 06357 Telephone: 800 850 5107

**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:

1. No entertainment
2. No speakers
3. Last seating at 10:00pm
4. 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
				TOTAL DUE:	\$80.00

CHECK #: 3736

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