

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CA Email: mino.emini@hotmail.com

Applicant's Name: Emin Emini dba Black Point Pizza

Applicant's Address: 44 Black Point Rd Niantic CT 06357 Telephone: (203)906-8429

Business Name (if applicable): Black Point Pizza

Location of Affected Premises: 44 Black Point Rd Assessor's Map/Block/Lot: 11.4/124

Owner of Record: Emin & Nedret Emini Volume/Page: 0972/2016

Owner's Address: 8 Monroe Rd Shelton CT 06484 Telephone: 203 906-8429

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. Low amplified background music
2. Lighting and fence within purview of Zoning Office
3. Last seating on weekdays at 8:00 p.m., weekends 9:00 p.m.
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	<u>20⁰⁰</u>
Site Plan Attached: YES NO N/A	SITE PLAN FEE	\$300.00	_____
	STORM WATER	\$300.00	_____
	STATE FEE:		\$60.00
CHECK #: <u>4007</u>	TOTAL DUE:		\$ <u>80.00</u>

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