

Town of East Lyme

APPLICATION FOR SPECIAL PERMIT

Date of Application: _____ Zone: CA Email: efenejla86@gmail.com

Applicant's Name: Nejla Oksuz

Applicant's Address: 53 W Main St Niantic Telephone: (860)691-1000

Business Name (if applicable): Village Pizza

Location of Affected Premises: 53 W Main St Niantic CT Assessor's Map/Block/Lot: 11.1/9

Owner of Record: Nick & Rita Fokaidis Volume/Page: 0781/0470

Owner's Address: 18 Society Rd, Niantic CT 06357 Telephone: _____

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. Outside live acoustic music will not have an amp on the guitar
- B. Low volume speakers will be allowed
- C. 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
CHECK #:	<u>Cash</u>			STATE FEE:	\$60.00
				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