

Town of East Lyme

Town of East Lyme
Land Use

APPLICATION FOR SPECIAL PERMIT

Date of Application: 4/28/25 Zone: CA Email: galcogreg61@gmail.com

Applicant's Name: Greg Landers

Applicant's Address: PO BOX 879 EAST LYME CT Telephone: 860 235 0344

Business Name (if applicable): GALCO LLC

Location of Affected Premises: 132 Boston Post Rd Assessor's Map/Block/Lot: 3101 6

Owner of Record: GALCO LLC Volume/Page: 1094 468

Owner's Address: PO BOX 879 EAST LYME CT Telephone: 860 235 0344

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}:

TAKE DOWN EXISTING BARN, BUILD NEW BARN WITH 2ND FLOOR APARTMENT

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.

Below this line for Office Use Only:

Deed Copies Attached:	YES	NO	PERMIT FEE:	SPECIAL PERMIT FEE	\$150.00	<u>150</u>
				OUTDOOR DINING RENEWAL	\$20.00	<u> </u>
Site Plan Attached:	YES	NO	N/A	SITE PLAN FEE	\$300.00	<u>300</u>
				STORM WATER	\$300.00	<u> </u>
CHECK #:	<u>3988</u>			STATE FEE:	\$60.00	<u> </u>
				TOTAL DUE:	\$510	<u>510</u>

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 Official