

# Town of East Lyme

Town of East Lyme  
Land Use

## APPLICATION FOR SPECIAL PERMIT

Date of Application: 5/5/25 Zone: CA Email: amaralbrose@gmail.com  
amaralbrose@gmail.com  
skymarkllc@gmail.com  
Applicant's Name: Nuno Amaral Skymarkllc@gmail.com  
Applicant's Address: 266 Shetucket Turnpike Telephone: 860-917-9402  
voluntown CT 06384  
Business Name (if applicable): Domino's p.229  
Location of Affected Premises: 170 Flanders Rd. Assessor's Map/Block/Lot: \_\_\_\_\_  
Owner of Record: SAM MFK Realty Volume/Page: \_\_\_\_\_  
Owner's Address: 170 Flanders Rd. Telephone: 203-807-0301

**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}:

8.2.7 fast food restaurant  
8.2.11 parking

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