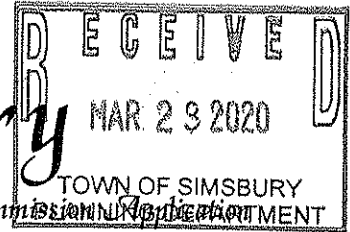




# Town of Simsbury

Office of Community Planning and Development - Zoning Commission Application



DATE: \_\_\_\_\_ FEE: \$ 530.00 CK #: 98 APP #: ZC-20-05

PROPERTY ADDRESS: 1616 HOPMEADOW STREET

NAME OF OWNER: KEVIN FARLEY

MAILING ADDRESS: 23 SHAMROCK CIRCLE WINDSOR, CT 06095

EMAIL ADDRESS: FARLEYSQD@AOL.COM TELEPHONE # 860.836.7323

NAME OF AGENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ SQ FT/ACRES

Does this site have wetlands?  YES  NO Have you applied for a wetlands permit?  YES  NO

**REQUESTED ACTION (PLEASE CHECK APPROPRIATE BOX):**

**ZONE CHANGE:** The applicant hereby requests that said premises be changed from zone \_\_\_\_\_ to zone \_\_\_\_\_.

**TEXT AMENDMENT:** Please attach proposed changes, including Articles and Sections, and purposes.

**SPECIAL EXCEPTION:** The applicant hereby requests a public hearing pursuant to Article 9, Section H1.

**SITE PLAN APPROVAL:** The applicant hereby requests  
 PRELIMINARY  FINAL  SITE PLAN AMENDMENT pursuant to Article 5, Section J

**SIGN PERMIT**

**OTHER (PLEASE EXPLAIN):** change in liquor license  
full liquor from beer and wine and approval  
for construction of patio/outdoor dining area  
per plans provided

*NOTE: Each application must fully comply with the requirements of the Zoning Regulations prior to receipt by the Commission. Each application for zone change and/or special exception shall include a list of names and addresses of abutting property owners and all property owners within 100 feet of the subject site.*

A check payable to the Town of Simsbury must accompany this **original signed and dated** application. **Six (6) complete (folded) sets of plans and eleven (11) copies of the completed application and correspondence** must also be included. If you have a PDF of your plans, we would appreciate a copy of that sent to [cvibert@simsbury-ct.gov](mailto:cvibert@simsbury-ct.gov), as well.

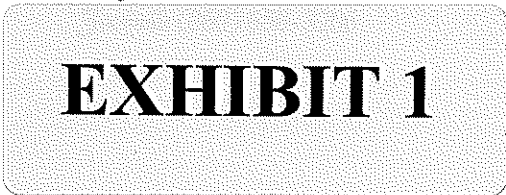
[Signature] 5/11/2020  
Signature of Owner Date Signature of Agent Date

Telephone (860) 658-3245

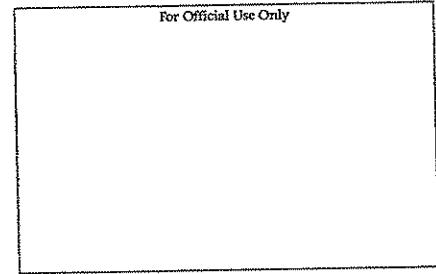
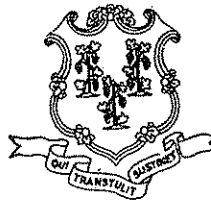
[www.simsbury-ct.gov](http://www.simsbury-ct.gov)

933 Hopmeadow Street  
Simsbury, CT 06070

03-24-2020 6688 CHECK 530.00



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Liquor Control Division  
 Telephone: (860) 713-6210  
 Email:  
 Web Site:



## APPLICATION FOR ON-PREMISES LIQUOR PERMIT

Please print clearly or type the information entered on this application. An application and permit fee is required. Please see fee chart for required fee. Checks and/or money orders should be made to "Treasurer, State of Connecticut" and must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to:

Department of Consumer Protection, 450 Columbus Blvd., Suite 801, Hartford, CT 06103

### Section A: BUSINESS INFORMATION

#### ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED

1. Type of Liquor Permit Applying for: <p style="text-align: center; font-weight: bold;">RESTAURANT LIQUOR</p>		2. Are you requesting a Provisional Permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. Trade Name (DBA Name) <p style="font-weight: bold;">FARLEY MAC'S</p>			
4. Business Address <p>1616 HOPMEADOW ST.</p>		City <p>SIMSBURY</p>	State <p>CT</p>
5. Business Telephone Number <p>NONE AS YET</p>		6. Business Fax Number <p>NONE AS YET</p>	
7. Business Email Address <p>FARLEYSQD@AOL.COM</p>			
8. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. Patio? (If yes, complete attached patio request form) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. Type of Live Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input checked="" type="checkbox"/> Acoustics - (Not Amplified) <input type="checkbox"/> Disc Jockeys <input checked="" type="checkbox"/> Live Bands <input type="checkbox"/> Comedians <input type="checkbox"/> Exotic Dancers <input type="checkbox"/> Concerts <input type="checkbox"/> Karaoke <input type="checkbox"/> Plays/Shows <input type="checkbox"/> Sporting Event(s) <input type="checkbox"/> Magicians			

### Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

11. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and/or entertainment listed in #10.

Signature of Zoning Official X \_\_\_\_\_ Print Name \_\_\_\_\_

Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

12. **Fire Marshal's Approval:** I certify that the premises identified in items #3 & #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

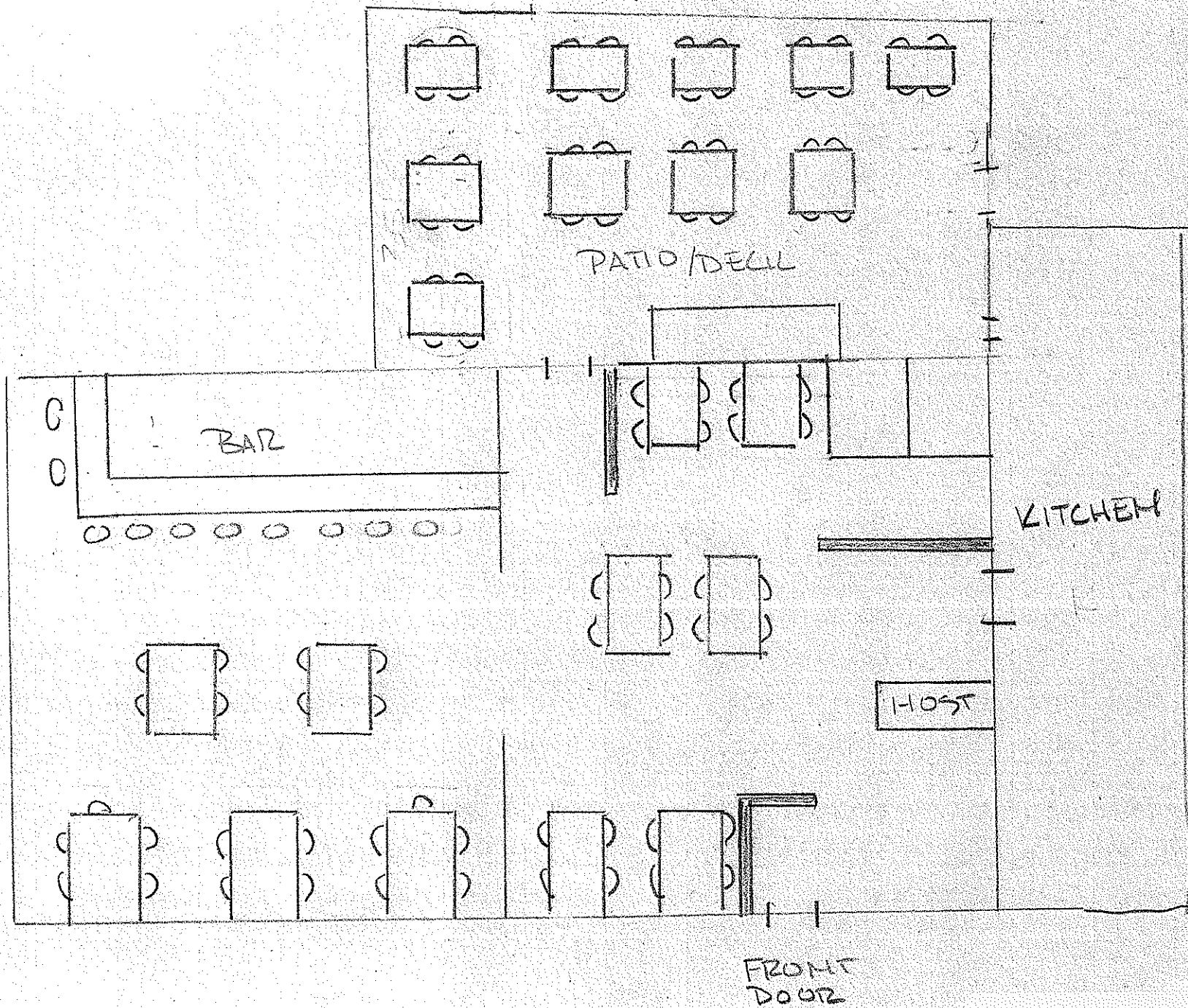
Signature of Fire Marshal X \_\_\_\_\_ Print Name \_\_\_\_\_

Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

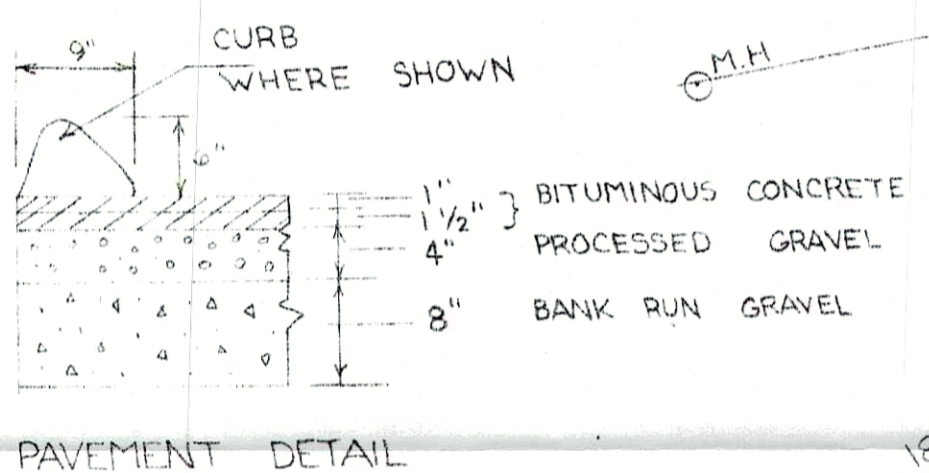
13. **Certification of Town Clerk:** The town in which the business identified in item # 4 of this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter "NONE")

Additional Restrictions:

Signature of Town Clerk X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**EXHIBIT 3**



PARKING		SCHEDULE	
BUILDING USE	SQ. FT.	SPACES REQUIRED	
A RETAIL/STORAGE	1781/1017	12.3	
B MEDICAL OFFICES STORAGE	681/681	7.9	
C RESTAURANT	1911/1911	22.2	
D RETAIL	798	5.3	
E RETAIL/STORAGE	1535/1535	10.9	
<b>TOTAL</b>		<b>58.6</b>	

NO. OF SPACES REQUIRED = 59  
 NO. OF SPACES SHOWN = 74 + 5 HANDICAPPED

1. PARKING SPACES ARE 18'x9'.
2. HANDICAPPED PARKING SPACES (H.P.) ARE 18'x15'.
3. ALL PARKING & DRIVE AREAS TO BE PAVED.
4. CURBING ONLY AS SHOWN
5. WETLANDS LINE
6. APPROX. AGE EXISTING STRUCTURES - 15-25 YEARS
7. PERCENT OF LOT COVERAGE (INCL PROP ADDITIONS) 34%
8. EXTERIOR LIGHTING, LANDSCAPING, AND SIGNS ARE SUBJECT TO FIELD INSPECTION AND APPROVAL OF THE TOWN PLANNER.
9. ADDITIONAL EROSION AND SEDIMENTATION CONTROLS SHALL BE IMPLEMENTED AS DIRECTED BY THE SIMSBURY CONSERVATION OFFICER SHOULD FIELD CONDITIONS WARRANT.
10. DRAINAGE, SEDIMENT, AND EROSION CONTROLS ARE SUBJECT TO FIELD INSPECTION AND APPROVAL OF THE TOWN ENGINEER.
11. ALL PROPOSED IMPROVEMENTS INCLUDING LANDSCAPING SHOULD BE COMPLETED OR BONDED PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.
12. APPROX. LOCATION WATER LINES
13. APPROX. LOCATION SAN. SEWER LATERALS

NOTE added 03-12-2003

14. The Granby-Simsbury Town Line Compiled from the Town of Simsbury & the Town of Granby Assessor's Tax maps, and The Connecticut State Highway Right of Way Maps for Simsbury & Granby. The location of the Town Line is in accordance with a Class D Horizontal Accuracy.



I HEREBY CERTIFY THAT THIS MAP AND SURVEY WERE PREPARED IN ACCORDANCE WITH THE STANDARDS OF CLASS A & C SURVEY AS DEFINED IN THE CODE OF PRACTICE FOR STANDARDS OF ACCURACY OF SURVEYS AND MAPS ADOPTED DECEMBER 10, 1975 AS AMENDED BY THE CONNECTICUT ASSOCIATION OF LAND SURVEYORS, INCORPORATED.

*Clifford M. ...*



REVISIONS	
TOWN LINE ADJUSTMENT	3-12-03

NOTE 11 ADDED 6-18-36

VINCENT S. AND M. YOKABASKAS  
 ALICE HOPMEADOW SIMSBURY  
 SCALE 1"=20'  
 SANDERSON SIMSBURY

OFFICE OF WASHBURN CONNECTICUT  
 B-1 ZONE