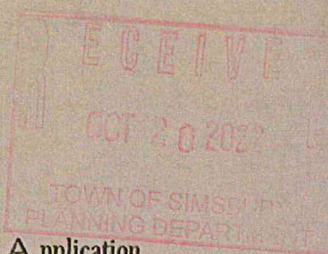


# Town of Simsbury

Office of Community Planning and Development - Zoning Commission Application



DATE: 10/16/2022 FEE: \$ 170.40 CK #: 1247 APP #: \_\_\_\_\_

PROPERTY ADDRESS: 712 Hopmeadow Street

NAME OF OWNER: Lions Den Coffee LLC

MAILING ADDRESS: 60 Deer Run Plantsville, CT 06479

EMAIL ADDRESS: lionsdencoffee@gmail.com TELEPHONE # 860-877-6655

NAME OF AGENT: Kristine Braccidiferro for Sign Pro Inc

MAILING ADDRESS: 60 Westfield Drive Plantsville, CT 06479

EMAIL ADDRESS: Krissy@signpro-usa.com TELEPHONE # 860-426-3276 ext 3076

ZONING DISTRICT: SCZ LOT AREA: 5.15 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):**


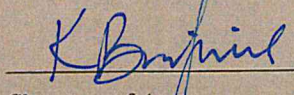
- ZONE CHANGE:** The applicant hereby requests that said premises be changed from zone \_\_\_\_\_ to zone \_\_\_\_\_.
- TEXT AMENDMENT:** Please attach proposed changes, including Sections and purposes.
- SPECIAL EXCEPTION:** The applicant hereby requests a public hearing pursuant to Section \_\_\_\_\_.
- SITE PLAN APPROVAL:** The applicant hereby requests
  - PRELIMINARY
  - FINAL
  - SITE PLAN AMENDMENT pursuant to Section 11

**SIGN PERMIT**

**OTHER (PLEASE EXPLAIN):** Install non-illuminated 24.125"H x 180.25"W (30.2 sf) storefront wall sign. Mounted to mesh facade with angle clips

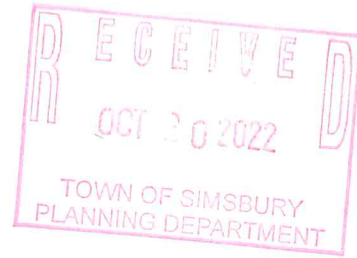
*NOTE: Each application must fully comply with the requirements of the Zoning Regulations prior to receipt by the Commission. Each application for zone change and/or special exception shall include a list of names and addresses of abutting property owners and all property owners within 100 feet of the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

A check payable to the Town of Simsbury must accompany this **original signed and dated** application. **Five (5) complete (folded) sets of plans, one (1) paper copy, and a digital copy 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 [jhollis@simsbury-ct.gov](mailto:jhollis@simsbury-ct.gov), as well.

 10/16/22     
  10/20/22  
 Signature of Owner      Date      Signature of Agent      Date

Telephone (860) 658-3245      www.simsbury-ct.gov      933 Hopmeadow Street  
 Facsimile (860) 658-3206           Simsbury, CT 06070

**EXHIBIT 1**



Sign Pro Inc.  
60 Westfield Drive  
Plainville, CT 06479 USA

P. 860.229.1812  
F. 860.223.1812

CTLIC# ELC.0196771-C7  
CTLIC# MCO.0903117  
signpro-usa.com

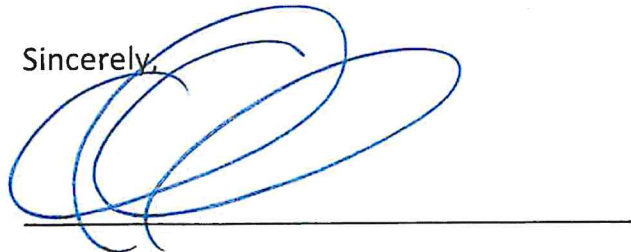
10/20/22

Peter Rappoccio, owner, President, and licensed contractor of Sign Pro Inc. hereby authorizes Kristine Braccidiferno, Permit Expeditor for Sign Pro Inc., signing privileges for permit applications pertaining to work by Sign Pro Inc. at the location listed below.

Job Location:


712 Hopmeadow St  
Simsbury CT

Sincerely,



Peter Rappoccio  
President  
Sign Pro Inc.  
860-229-1812

License #ELC.0196771-C7  
Contractor #MCO.0903117



**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

This is your Major Contractor registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Occupational & Professional Licensing Division at [dcp\\_occupationalprofessional@ct.gov](mailto:dcp_occupationalprofessional@ct.gov).

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. You can update your email address or print a duplicate certificate by logging into your account with your User ID and Password at [www.elicense.ct.gov](http://www.elicense.ct.gov).

Mailing address:

SIGN PRO INC  
60 WESTFIELD DR  
PLANTSVILLE, CT 06479-1753

Email on file to be used for receiving all notices from this office:

[suzanne@signpro-usa.com](mailto:suzanne@signpro-usa.com)





SIGNPRO-01 TMACK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Smith Brothers Insurance, LLC.</b> 68 National Drive Glastonbury, CT 06033	CONTACT NAME: <b>Laurie A. Winter</b>	
	PHONE (A/C, No, Ext): <b>(860) 430-3266</b> FAX (A/C, No):	
	E-MAIL ADDRESS: <b>lwinter@smithbrothersusa.com</b>	
INSURED  <b>Sign Pro Inc.</b> 60 Westfield Drive Plantsville, CT 06479	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>The Continental Insurance Company</b>	<b>35289</b>
	INSURER B : <b>Transportation Ins Co</b>	<b>20494</b>
	INSURER C : <b>Valley Forge Insurance Company</b>	<b>20508</b>
	INSURER D :	
	INSURER E :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

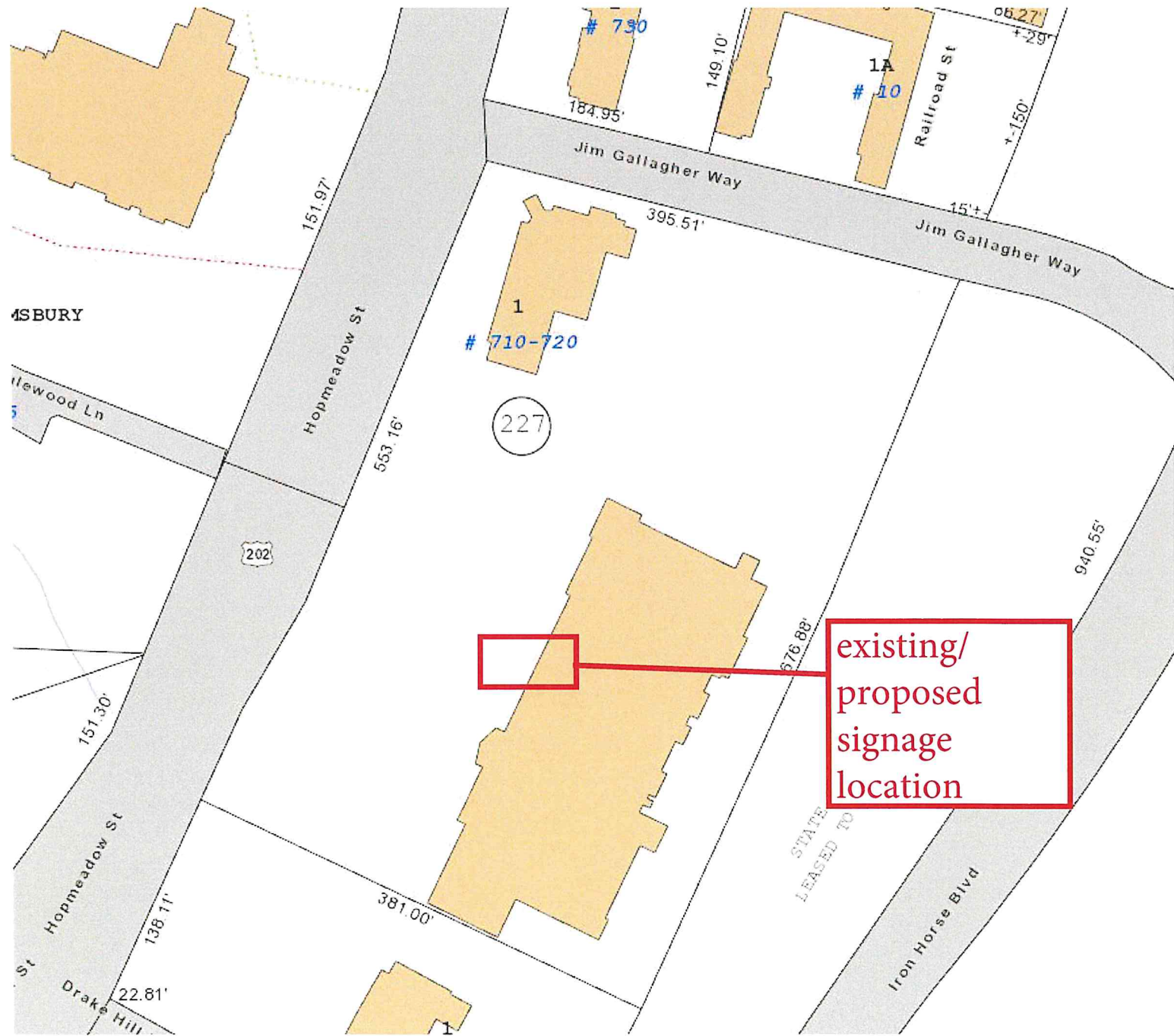
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6072521106	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6072521090	6/20/2022	6/20/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6072521073	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	6072004808	6/20/2022	6/20/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Coverage

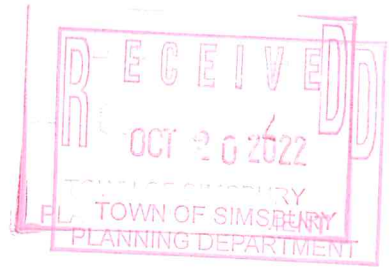
CERTIFICATE HOLDER  For Information Purposes Only	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

RECEIVED  
OCT 20 2022  
TOWN OF SIMSBURY  
PLANNING DEPARTMENT



RECEIVED  
OCT 20 2022  
TOWN OF SIMSBURY  
PLANNING DEPARTMENT





# LIONS DEN



## Coffee Shop

---

### Exterior Building Sign

Simsbury, CT • Job# 39413 • Revision 1 • October 3, 2022

---



LIONS DEN



Coffee Shop

Project Address:  
East Hartford, CT

SPI WO #: 39413  
Issue Date: March 22, 2022

Salesperson: Pat Freer  
pat@signpro-usa.com  
860.919.6171

Designer: BSA

**DRAWINGS ARE NOT TO SCALE  
UNLESS OTHERWISE NOTED**

SPI Revisions:  
BSA - 10/3/2022 - REV 1

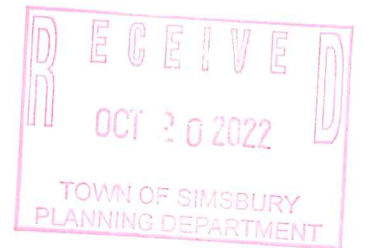


Photo rendering is only conceptual. Actual size ratio and color may differ slightly from finished sign.

Customer Approval:  APPROVED  APPROVED AS NOTED  REVISE & RESUBMIT

PRINT

SIGN

DATE

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Plantsville, CT 06479  
860.229.1812



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A1

PAGE  
2 of 4





Project Address:  
East Hartford, CT

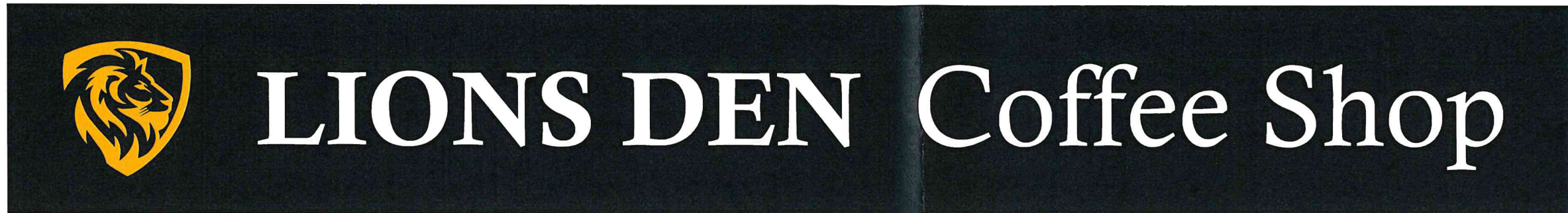
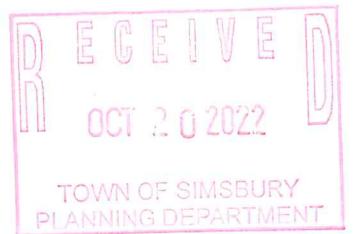
SPI WO #:39413  
Issue Date: March 22, 2022

Salesperson: Pat Freer  
pat@signpro-usa.com  
860.919.6171

Designer: BSA

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SPI Revisions:  
BSA - 10/3/2022 - REV 1



- 24.125" (H) x 180.25" (W)
- Single Sided
- Non-illuminated
- 1" Aluminum tube frame
- 3mm ACM face
- Direct print graphics (Flatbed prints)
- 1.5" Black retainer
- Mounted to mesh facade with angle clips
- Quantity: 1

Customer Approval:  APPROVED  APPROVED AS NOTED  REVISE & RESUBMIT



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SPI Revisions:  
BSA - 10/3/2022 - REV 1



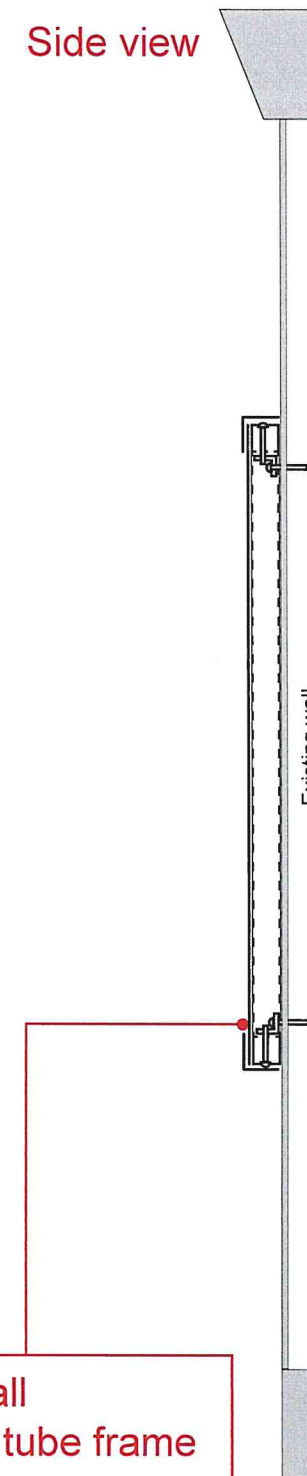
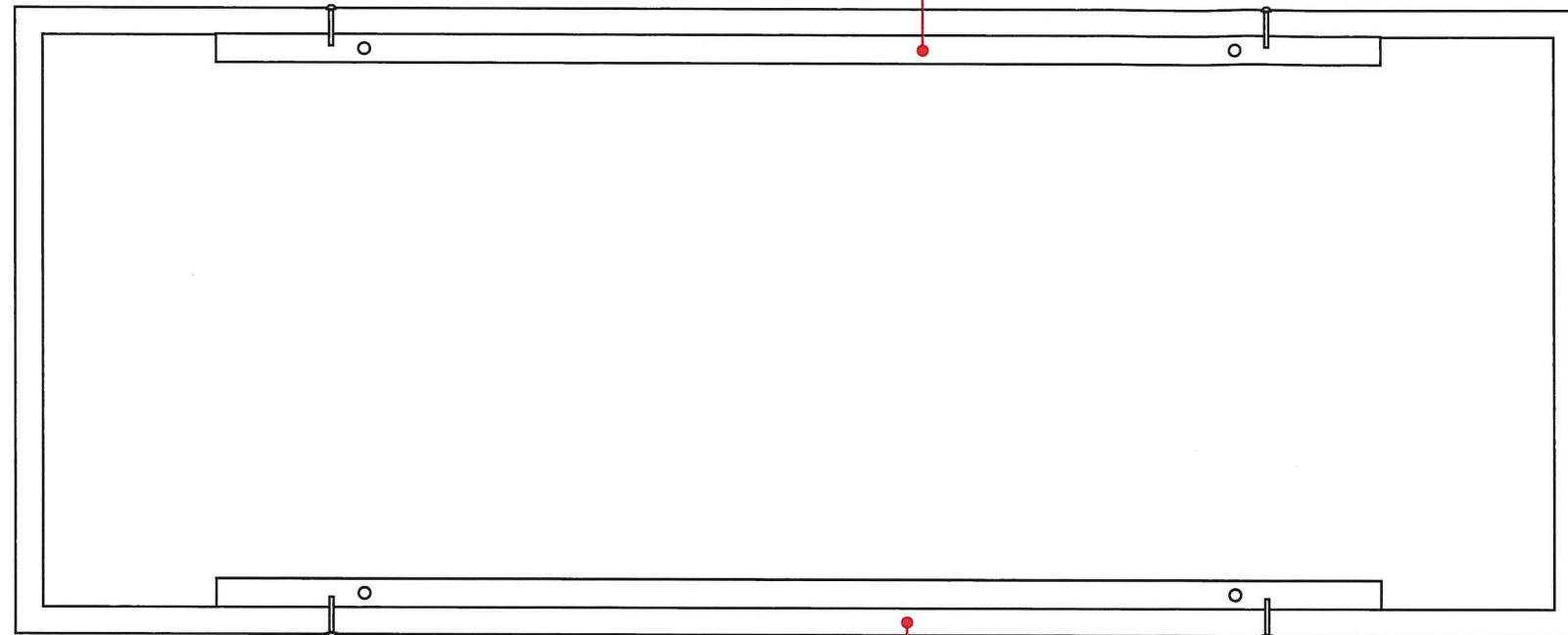
Front view

Side view

1" x 1" Aluminum angle bracket

1" x 1" Aluminum tube frame  
with 3mm ACM face and 1" retainer

Angle brackets bolted to wall  
and mechanically fastened to tube frame



Customer Approval:  APPROVED  APPROVED AS NOTED  REVISE & RESUBMIT

PRINT

SIGN

DATE

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Plantsville, CT 06479  
860.229.1812



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A1

PAGE  
4 of 4

CVS pharmacy

716

TD

HAN'S NAILS

716 716  
HOPKINSON  
DENTAL  
Integrating  
DENTISTRY  
800-637-1234  
Integrating  
DENTISTRY  
Michael A. Harrison, D.D.S.  
Richard A. Harrison, D.D.S.  
Richard A. Harrison, D.D.S.  
Richard A. Harrison, D.D.S.

Santander

CVS

CVS

CVS

HAN'S NAILS

MEICURE PEDICURE





CHAMBER  
OF  
COMMERCE

SHIRLEY VILLAGE CENTER

19 39981

Fitzgerald's  
FOODS

SINCE 1956  
Jersey Mike's  
SUBS

