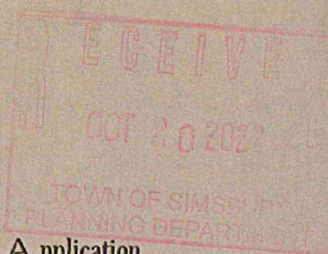




Town of Simsbury

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, as well.

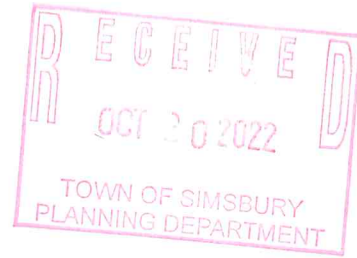
 _____ 10/16/22 _____ K Braccidiferro _____ 10/20/22
 Signature of Owner Date Signature of Agent Date

Telephone (860) 658-3245
Facsimile (860) 658-3206

www.simsbury-ct.gov

933 Hopmeadow Street
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

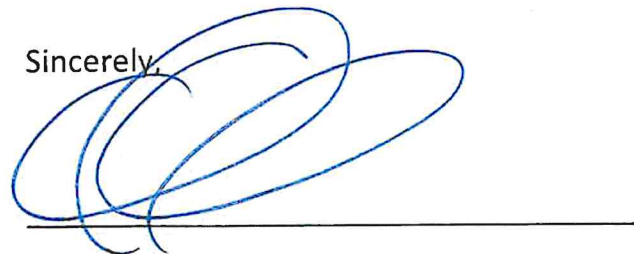
10/20/22

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.

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.

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



STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

SIGN PRO INC

60 WESTFIELD DR
PLANTSVILLE, CT 06479-1753

has satisfied the qualifications required by law and is hereby registered as a

MAJOR CONTRACTOR

Registration #: MCO.0903117

Effective Date: 07/01/2022

Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull
Michelle Seagull, Commissioner



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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

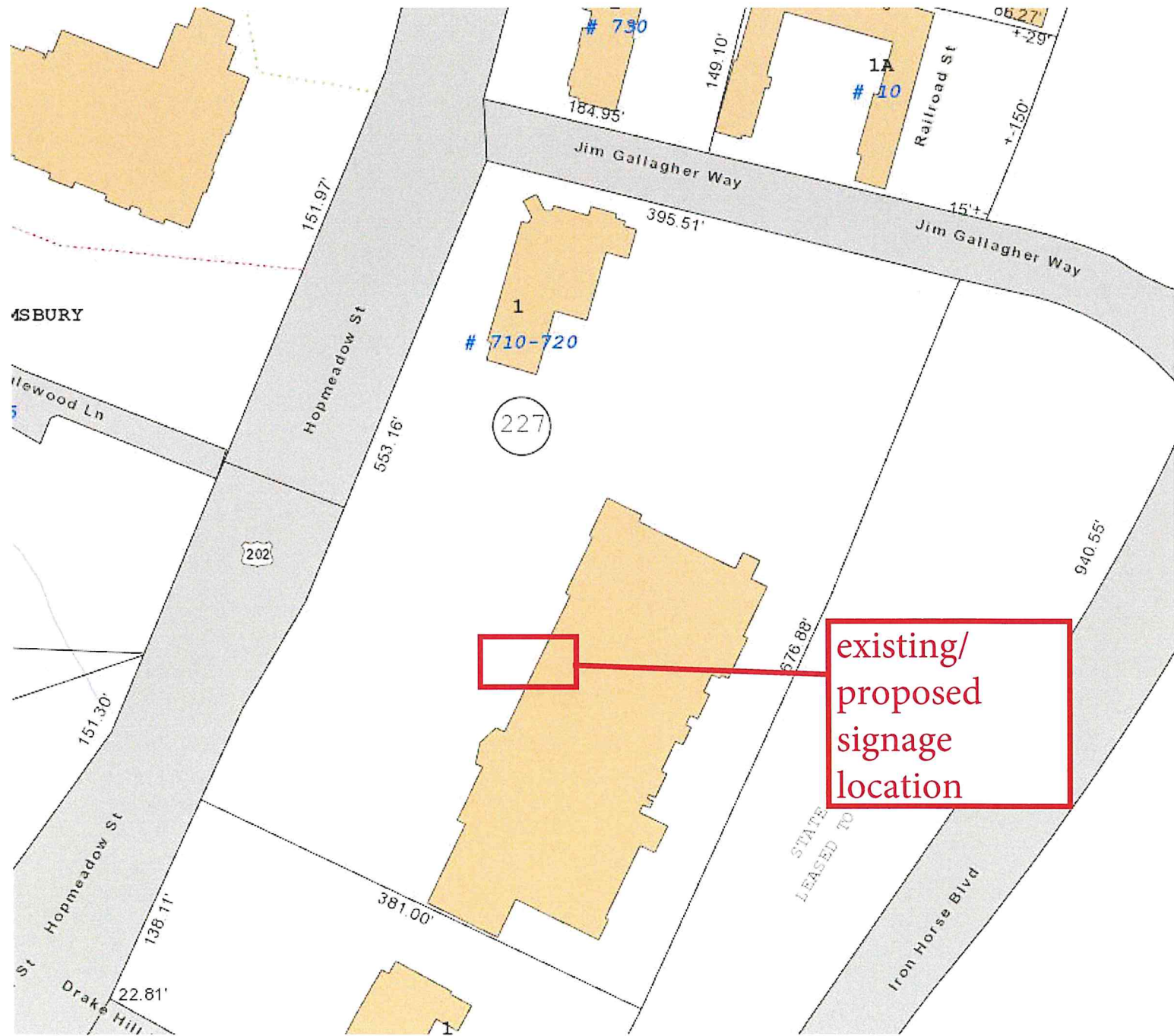
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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

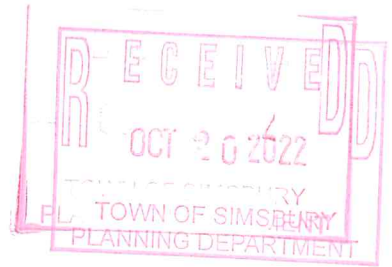
CERTIFICATE HOLDER For Information Purposes Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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

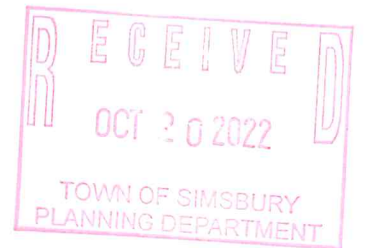


Photo rendering is only conceptual. Actual size ratio and color may differ slightly from finished sign.

Customer Approval: APPROVED APPROVED AS NOTED REVISE & RESUBMIT

PRINT

SIGN

DATE

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SIGN PRO
signpro-usa.com

60 Westfield Drive
Plantsville, CT 06479
860.229.1812



SIGN TYPE
A1

PAGE
2 of 4



Project Address:
East Hartford, CT

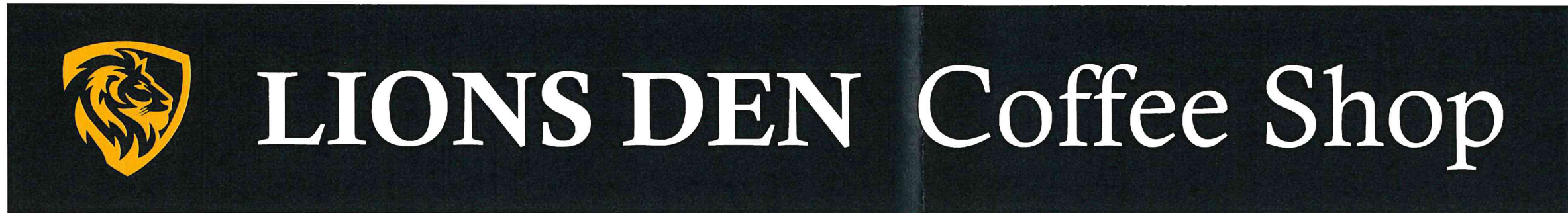
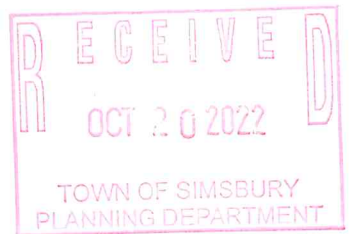
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SPI Revisions:
BSA - 10/3/2022 - REV 1



- 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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Plantsville, CT 06479
860.229.1812

SIGN TYPE
A1

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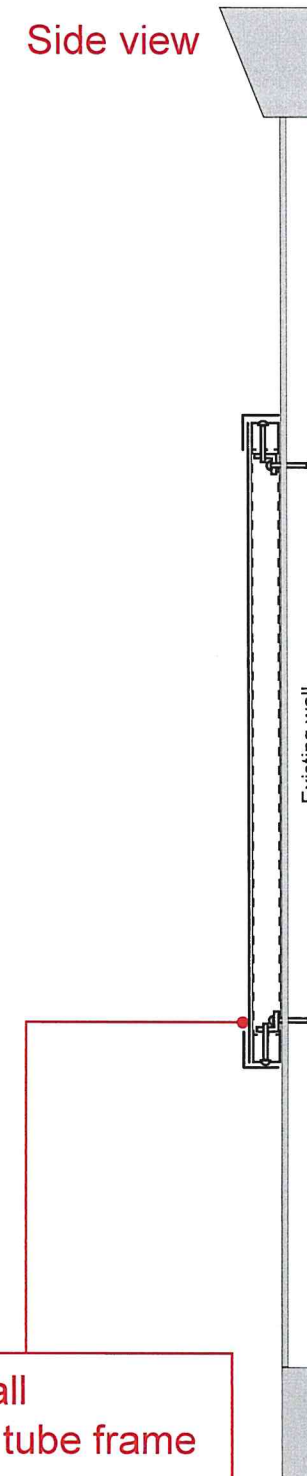
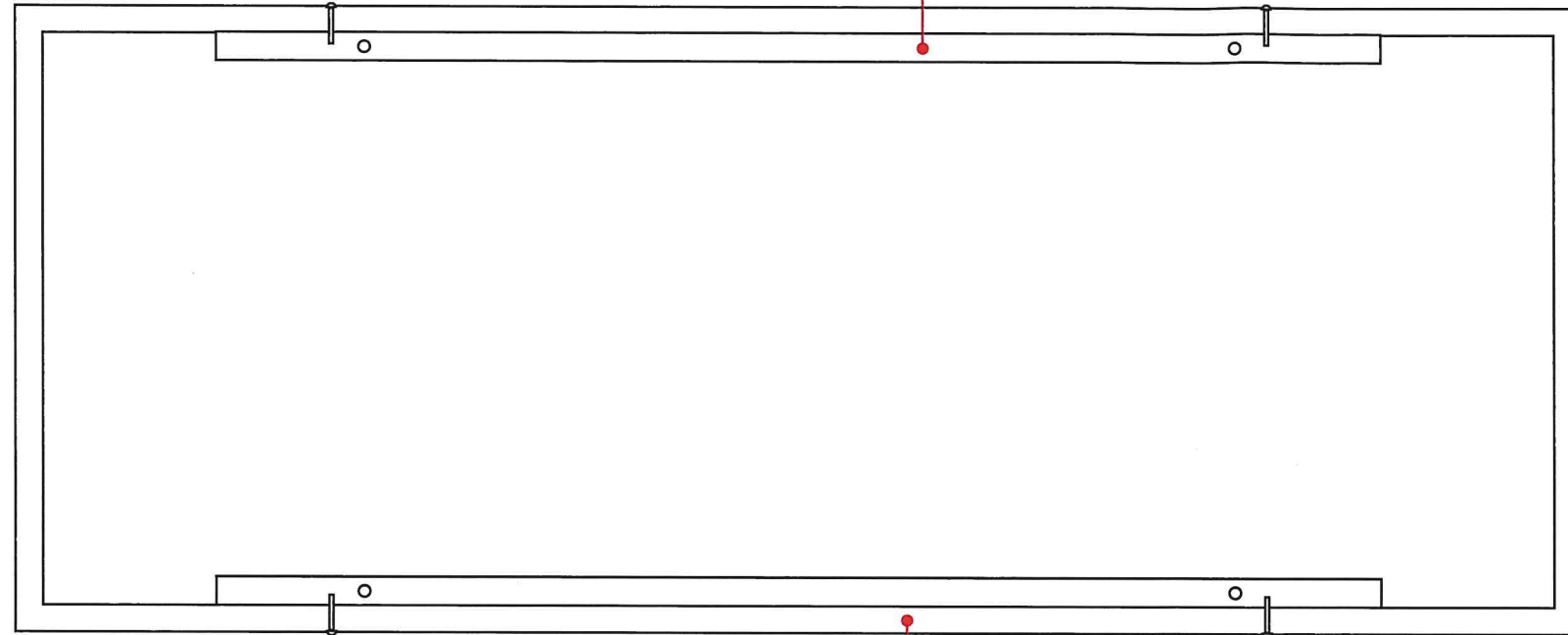
Front view

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

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