

**TOWN OF EAST HARTFORD  
PLANNING & ZONING COMMISSION  
APPLICATION FORM**

DATE: 11-27-19

Official Receipt Date:

11 / 27 / 19

**1. APPLICATION TYPE: (CHECK ALL THAT APPLY)**

**\*COMPLETE SECTION ON PAGE 2 OR 3**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> SITE PLAN APPLICATION  | <input type="checkbox"/> NATURAL RESOURCES REMOVAL AND FILLING |
| <input type="checkbox"/> SITE PLAN MODIFICATION  | <input type="checkbox"/> SPECIAL USE PERMIT*                   |
| <input type="checkbox"/> FLOOD HAZARD – MAJOR*   | <input type="checkbox"/> ZONING MAP CHANGE*                    |
| <input type="checkbox"/> FLOOD HAZARD – MINOR*   | <input type="checkbox"/> TEXT AMENDMENT*                       |
| <input type="checkbox"/> SOIL EROSION AND SEDIMENTATION - Cumulative disturbed area (sq. ft.): _____ |  |

**2. SITE AND PROJECT INFORMATION**

PROPERTY ADDRESS: 180 ROBERTS STREET ZONE: 12  
ASSESSORS MAP AND LOT: 35-45/51 PARCEL SIZE (ACRES OR SQ. FT.): 1.91 ACRES  
PROJECT NAME: BIGSON II LLC dba EQUIPMENT SPECIALISTS  
PROJECT DESCRIPTION (ATTACH ADDITIONAL SHEETS IF NEEDED):

REQUEST FOR 50% ADDITIONAL SQUARE FOOTAGE FOR SIGNAGE  
PER SECTION 210.2 d. TOTAL ALLOWABLE SQUARE FOOTAGE = 70.  
ADDITIONAL SQUARE FOOTAGE REQUESTED = 35, TOTAL = 105 sq. ft.  
SEE ATTACHED INFORMATION.

**3. PROPERTY OWNER INFORMATION**

☒ CHECK IF PRIMARY CONTACT

OWNER OF RECORD: BIGSON LLC  
OWNER ADDRESS: 222 ROBERTS STREET, EAST HARTFORD, CT 06108  
OWNER PHONE: 860-289-0201 x1242 OWNER EMAIL: KenWilson@fobct.com  
OWNER SIGNATURE: [Signature] PRINT NAME: Kenneth D. Wilson

The undersigned owner hereby authorizes: (1) this application, and (2) the Planning and Zoning Commission and Town of East Hartford staff the right to enter upon the property for the purposes of inspection associated with this application.

**4. APPLICANT INFORMATION**

☐ CHECK IF PRIMARY CONTACT

☒ CHECK IF APPLICANT IS SAME AS PROPERTY OWNER

APPLICANT: \_\_\_\_\_  
APPLICANT ADDRESS: \_\_\_\_\_  
APPLICANT PHONE: \_\_\_\_\_ APPLICANT EMAIL: \_\_\_\_\_  
APPLICANT SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**5. DESIGN PROFESSIONAL INFORMATION**

☐ CHECK IF PRIMARY CONTACT

FIRM: SIGNLITE PHONE: 203-239-6799  
CONTACT PERSON: KEN DETULIO EMAIL: Ken@signlite.net



SIGNlite, Inc. SBE  
6 Corporate Drive  
North Haven, CT 06473  
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signs@signlite.net  
® # E51863  
CT LIC. ELC.0197945-C7

Client:  
Equipment Specialists

Project:  
Signage

Date: 10/29/19

Scale:  
As Noted

Drawn by: Damon  
Fernandez  
Damon@signlite.net

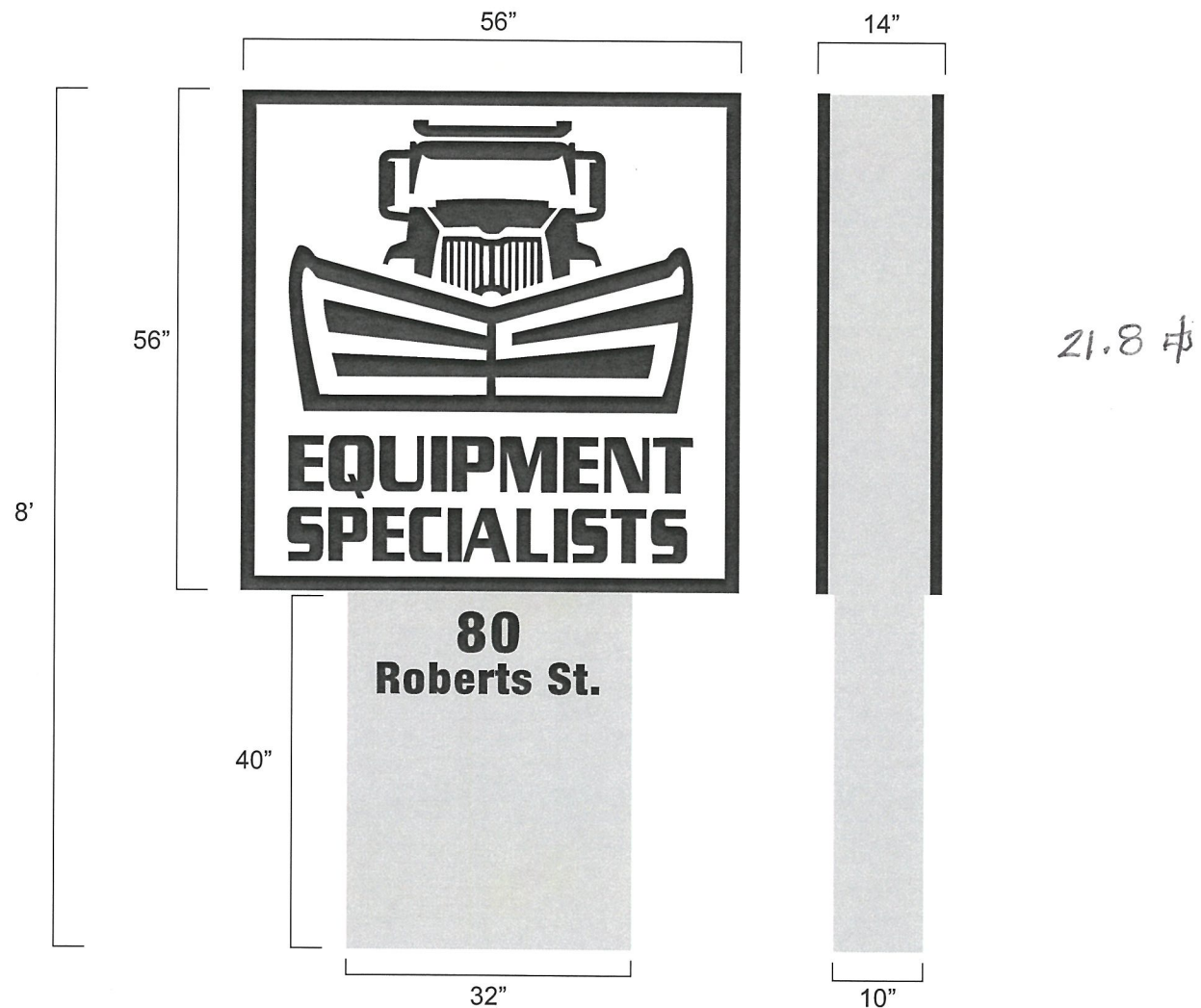
Phase: Revisions:

Approval

Drawing Number  
PG - 1



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Phase: Revisions:

Approval

Drawing Number  
PG - 2



Design

Fabrication



Installation



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Phase: Revisions:

Approval

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PG - 7



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198"

83 SQUARE FT

60.5"

# EQUIPMENT SPECIALISTS



EXISTING



PROPOSED



NIGHT VIEW

**EQUIPMENT  
SPECIALISTS**

