

APPLICATION FOR SIGN PERMIT REVIEW

DATE 4/6/21ZONE I-2
(For office use only)NAME OF BUSINESS Hartford Health CareLOCATION OF BUSINESS 765 W. Johnson Ave.CONTACT PERSON Darcie Roy/National Sign CorpADDRESS OF CONTACT PERSON 780 Four Rd Rd, Berlin CT 06037PHONE NO. FOR CONTACT PERSON (203) 949-1154TYPE OF SIGN - Freestanding, Wall Sign*, Etc. Wall
*For Wall Signs, see Wall Sign Application.COLOR (S) TO BE USED Lettering = white
Logo = Blue, green, magenta, orangeSIGN CONSTRUCTED OF: Aluminum + AcrylicWILL THE SIGN BE ILLUMINATED? YesIF SO, HOW? (Internal, Ground, Etc.) InternalDIMENSIONS OF SIGN South elevation
$$\text{Height } \frac{6'-7\frac{1}{16}''}{(\text{Feet})} \times \text{width } \frac{15'-5\frac{3}{16}''}{(\text{Feet})} = \frac{102.47}{(\text{Square Feet})}$$

LOCATION OF SIGN _____

SIGNATURE OF APPLICANT Darcie RoySIGNATURE OF PROPERTY OWNER See attached letter

TBC COMMENTS _____

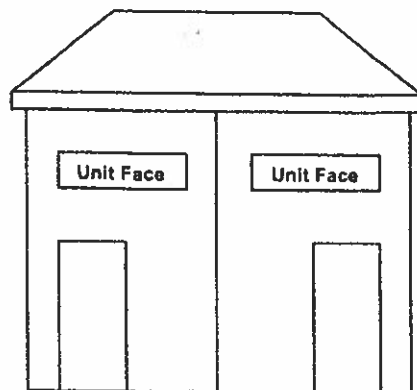
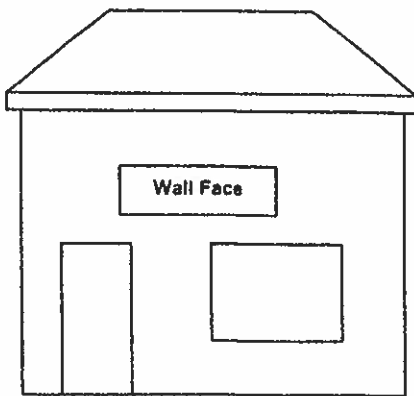
WALL SIGN WORKSHEET

Current Town of Cheshire zoning regulations require that wall signs do not exceed 5% of the wall or unit face to which they are attached. In order to determine the percentage of the wall sign, the following calculations must be completed.

Calculate Wall Size

Buildings with single tenant use: calculate wall face where the wall sign is to be attached.

Buildings with multi-tenant use: calculate unit face where the wall sign is to be attached.



Height x Width (in feet) = 47'-6" x 195' (9262.5 sq) square feet

Calculate 5% Of Wall Size

Wall size x .05 (in feet) = 463.1 square feet

Calculate Wall Sign Size

Height x Width (in feet) = 6'-7 1/16" x 15'-5 3/16" (102.47 sq) square feet

Wall sign size must not exceed 5 % of the wall or unit size.

g) illuminated wall sign on south elevation.



Date: 1/1
Customer Approval: _____



**Pattison
Sign Group**

tel: (940) 735-5300	Fax: (977) 737-1734	Toll free: 1-800-561-9798
Client: HARFORD REALTY/CAE		
Site: WEST JOHNSON AVE, CHESHIRE, CT		
Consultant: J. PELLETIER		
Draftsman: TINA BOLDUC		
Page: 4/8	Size: 36" x 48"	Date: 09-24-2000
		24" x 36"

#	Revision(s)	By:	Date:
1	ADDED OPTION 2	TB	11.18.2020
2	REMOVED OPTION 1	TB	12.04.2020

APPLICATION FOR SIGN PERMIT REVIEW

DATE 4/6/21ZONE I-2
(For office use only)NAME OF BUSINESS Hartford HealthCareLOCATION OF BUSINESS 765 W. Johnson Ave.CONTACT PERSON Darcie Roy/National Sign CorpADDRESS OF CONTACT PERSON 780 Four Rod Rd, Berlin CT 06037PHONE NO. FOR CONTACT PERSON (203) 949-1154TYPE OF SIGN - Freestanding, Wall Sign*, Etc. Freestanding
*For Wall Signs, see Wall Sign Application.COLOR (S) TO BE USED Logo - Blue, green, magenta, orange
Magenta base, white background, black letteringSIGN CONSTRUCTED OF: Aluminum + AcrylicWILL THE SIGN BE ILLUMINATED? YesIF SO, HOW? (Internal, Ground, Etc.) Internal

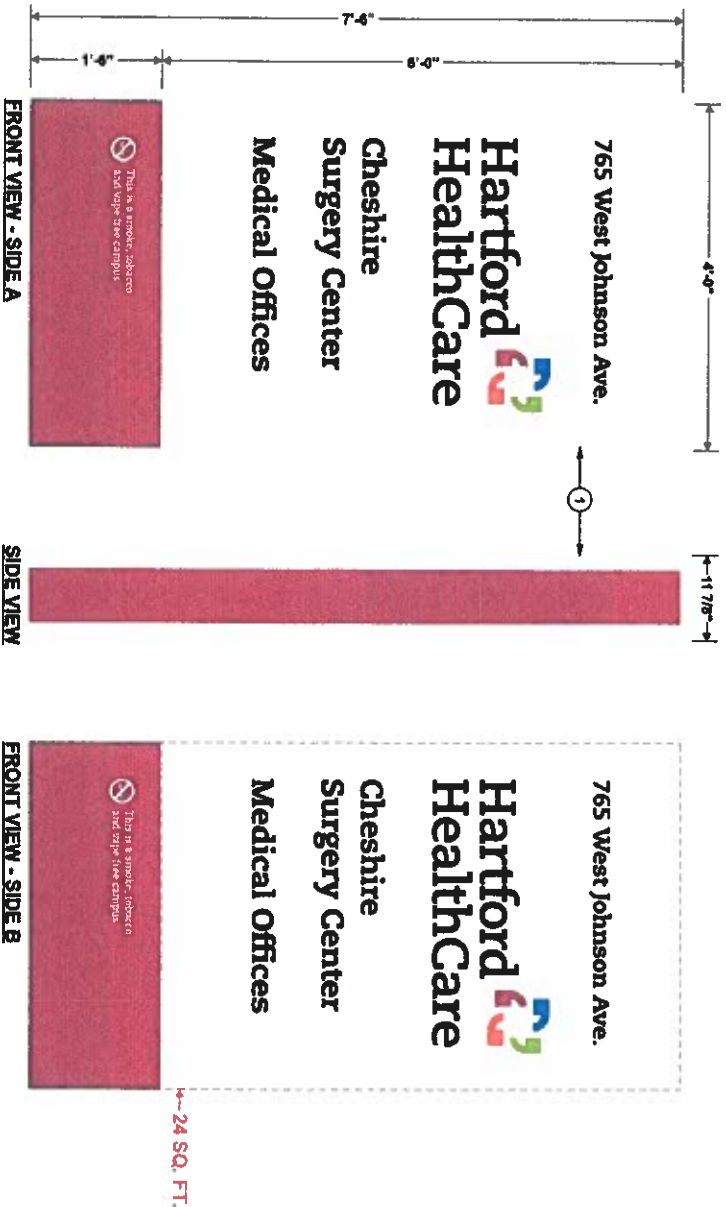
DIMENSIONS OF SIGN _____

Height 6 X width 4 = 24
(Feet) (Feet) (Square Feet)LOCATION OF SIGN YardSIGNATURE OF APPLICANT Darcie RoySIGNATURE OF PROPERTY OWNER See attached letterTBC COMMENTS _____

#3- I install new 6'x4' (24 sq ft) ground sign at 7'-6" OAH

HH2-35364G	
D/F ILLUMINATED MONUMENT	
Installation: <input type="checkbox"/> Interior <input checked="" type="checkbox"/> Exterior	
Description: 1 D/F ILLUMINATED MONUMENT	

Revisions		By	Date
1	ADDED SIGN	TS	11.29.2020
2	CHANGED BRANDING	TS	11.18.2020
3	CHANGED COPY	TS	12.04.2020
4	ADDED NO SMOKING	TS	12.01.2020
5	ADDED MEDICAL OFFICES	TS	12.17.2020



Date: 1/1/2021

Customer Approval: [Signature]

Scale: 3/4" = 1'-0"

Pattison Sign Group

166 (Dad) 775-5504 | Fax (Dad) 775-1774 | Tel (Fax) 1-800-541-9796

Client: **HARTFORD HEALTHCARE**

Site: **WEST JOHNSON AVE, CHESHIRE, CT**

Consultant: **J. PELLETIER**

Designer: **TINA BOLDUC**

Page: **69** Scale: **3/4" = 1'-0"**

ZONING PERMIT - SIGNAGE PLANNING AND ZONING COMMISSION

NO. _____

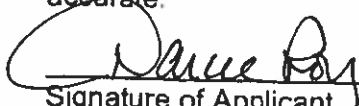
DATE: 4/6/21

PERMISSION TO: (BUILD) (MAKE ALTERATIONS TO)

 A COMMERCIAL OR INDUSTRIAL, OR OTHER Two 6'-7" x 16'-5 3/16" (102.47 sq ft) wall signs and one 6' x 4' (24 sq ft) freestanding sign at 7'-6" overall height
DESCRIPTION OF PREMISES: ZONE I-2VALUE OF SIGN: \$ 35,000
 PROPOSED SIGNS MEET APPLICABLE SIZE, HEIGHT AND SETBACK
REQUIREMENTS OF THE CHESHIRE ZONING REGULATIONS
YES (X) NO () dfx

Initials of Applicant

 APPLICANT: I hereby certify that the
information contained herein is
accurate.

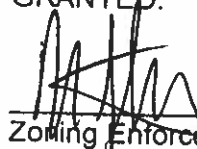

Signature of Applicant

Darcie Roy
Name of Applicant (Print)

780 Four Rod Rd, Berlin CT 06037
Address

(203) 949-1154
Telephone No.

GRANTED:

 4/8/2021
Zoning Enforcement Officer

.....

THIS APPROVAL IS SUBJECT TO COMPLIANCE (PRIOR TO INSTALLATION) WITH THE PROVISIONS OF THE ZONING REGULATIONS, OF THE TOWN OF CHESHIRE AND AS AUTHORIZED UNDER 8-3f OF THE CONNECTICUT GENERAL STATUTES, AS AMENDED.

SITE ADDRESS: 765 W. Johnson Ave

OWNER OF LAND: Cheshire Surgery Center Realty LLC

INTERIOR OR CORNER LOT: _____ ZONE: I - 2

DESIGN, DIMENSIONS AND SITE LOCATIONS OF ALL SIGNS

INFORMATION SUPPLIED BY:

NAME (Print)



Pattison Sign Group
Powering Your Brand

LETTER OF AUTHORIZATION

Location: HH2-35364

Site Address:

Hartford HealthCare
765 West Johnson Ave
Cheshire, CT

On behalf of the owner and/or as owner representative,

I, **(PLEASE PRINT)** Kenneth L Rosenquest, give
Pattison Sign Group and/or their agents authorization to apply for permits,
secure all necessary municipal approvals and install proposed sign package at the
above mentioned property.

Date: 2/22/2021

Signed: 

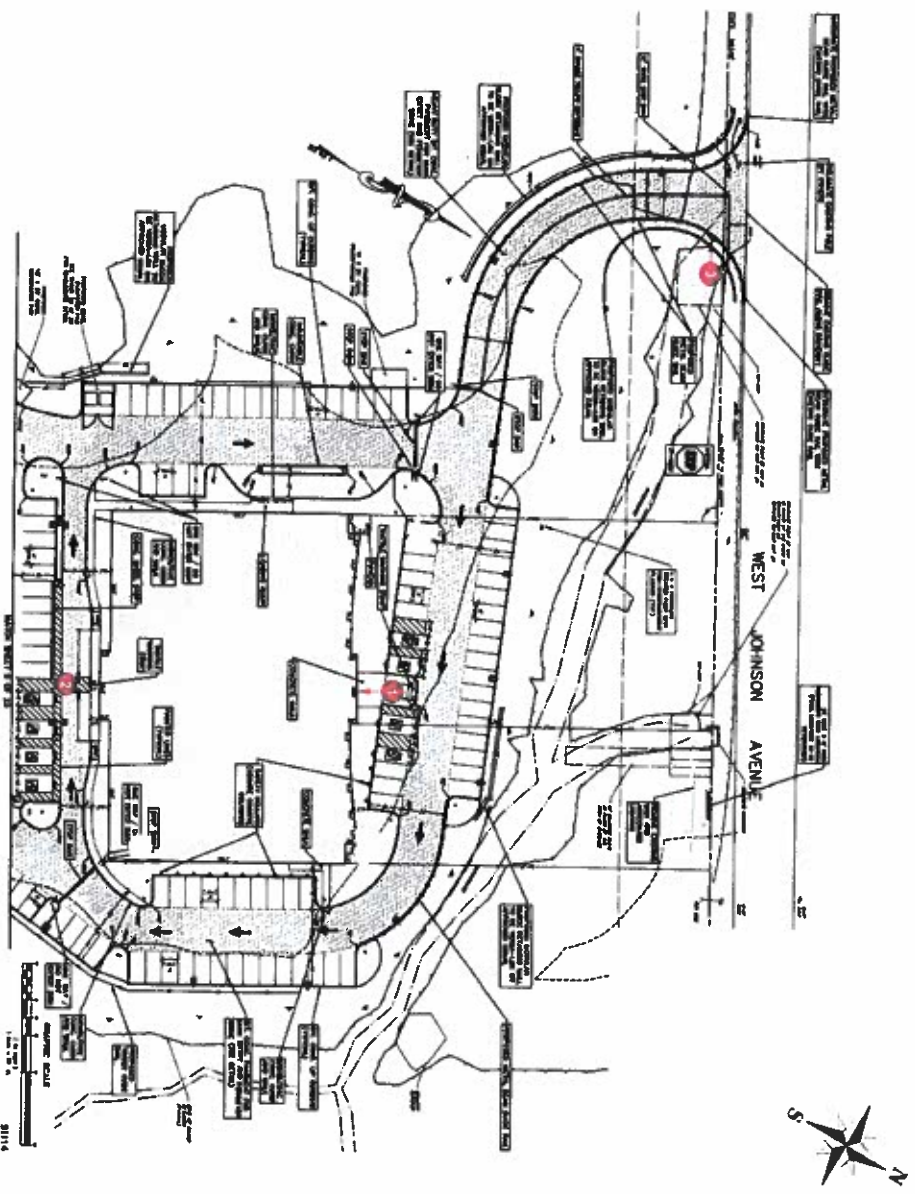
Printed Name & Title: Kenneth L Rosenquest Authorized Owner Representative

Company Name: Cheshire Surgery Center Realty, LLC

Address: 100 Avon Meadow Ln Avon, CT 06001

Telephone: (860) 667-1815

Email: kenrosenquest@csasurgery.com



Date: 11/09/2026
 Customer Approval: [Signature]

Legend:

- 1. Illuminated Channel Letters (North)
- 2. Illuminated Channel Letters (South)
- 3. D/E Illuminated Monument

Notes:

1. See Page 2
2. See Page 4
3. See Page 6

HH2-35364G

SITE PLAN

Installation: ☒ Interior ☒ Exterior

1. Illuminated Channel Letters (North)
SEE PAGE 2

2. Illuminated Channel Letters (South)
SEE PAGE 4

3. D/E Illuminated Monument
SEE PAGE 6

By	Date
REMOVED SIGNS ON WEST AND EAST ELEVATION	11.09.2026
RELOCATED MONUMENT	11.16.2026



Pattison Sign Group

161 (508) 725-5166 | Fax: (508) 727-1776 | Toll Free: 1-800-561-9796

Client: **HARTFORD HEALTHCARE**

Site: **WEST JOHNSON AVE, ORTCHINE, CT**

Consultant: **J. PELLETIER**

Draftsman: **TINA BOUDIC** Date: **09.28.2020**

Page: **1/0** Scale: **1/8" = 1'-0"**