

PZ-HIST-23-000294 - Historic Review

Menu Reports Help

File Date: [11/16/2023](#)

Application Status: [Additional Info Required](#)

Assigned To: [Josiah Redding](#)

Description of Work: [Sign for proposed use.](#)

Application Detail: [Detail](#)

Application Type: [Historic Preservation](#)

Documents:	File Name	Document Group	Category	Description	Type	Docurr
	363Capitol_Signapp.pdf	PLNG_COA			application/pdf	Upload
	Signage-plan.pdf	PLNG_COA			application/pdf	Upload
	363Capitol_OwnerAuthor...	PLNG_COA	Owners Authoriz...		image/jpeg	Upload
	Show all					

Address: [363 CAPITOL AV, HARTFORD, CT 06106](#)

Owner Name: [GOMES & B LLC](#)

Owner Address: [59 MARLBOROUGH RD, GLASTONBURY, CT 06033](#)

Application Name: [Historic Review](#)

Parcel No: [202428090](#)

Contact Info:	Name	Organization Name	Contact Type	Contact Primary Address	Status
	Mark Mullings		Applicant	Mailing, 45 Wintonbury...	Active

Licensed Professionals Info:	Primary	License Number	License Type	Name	Business Name	Business License #

Job Value: [\\$0.00](#)

Total Fee Assessed: [\\$200.00](#)

Total Fee Invoiced: [\\$200.00](#)

Balance: [\\$200.00](#)

Custom Fields: [PLNG_COA_CF](#)

GIS Information

Zoning District	Zoning Overlay	FEMA Flood Zone	Land Use Per Assessor
MS-1	-	-	PRIMARY COMMERCIAL WITH APARTMENT

NRZ	Neighborhood	Local Historic District
FROG HOLLOW NRZ	FROG HOLLOW	-

Historic District	Historic Landmark/Site	State Historic District
-		-

Dispersion met?	Identify Dispersion	National Historic District
No	-	Frog Hollow

General Project Information

Is this application a result of a violation notice? [No](#) Zoning Enforcement Case ID # [-](#)

Is this a contributing building or structure? [No](#)

Is this proposed work visible from the street? [Yes](#)

Historic Review Types

New Construction/Addition [No](#) Exterior Alteration [No](#)

Demolition [No](#) Signage [Yes](#)

Solar Panel [No](#)

Other [-](#)

Does this project include a demolition?

[No](#)

If a demolition request, what alternatives have you sought?

-

Exterior Alterations

Windows

Doors

Porches/Walkways

Siding

Roofs

Mechanical Appurtenances

Other

-

Describe the existing conditions and materials

[Sign for proposed Use.](#)

Describe the proposed materials

[Sign for for proposed use.](#)

Hardships and Reason for Hardships

Is this an owner-occupied principal residence?

[No](#)

Is this a non-owner occupied residential building containing six (6) or fewer dwelling units?

[No](#)

Is this a commercial and industrial building?

[Yes](#)

Is this a request for demolition where there is no feasible and prudent alternative to demolition?

[No](#)

Other Payment Required

Green Infrastructure Fund Amount

-

City Tree Fund Amount

-

Complete Street Fund Amount

-

Describe Reason for Payments

-

Reason for Request

Reason for Request

-

Recommendation

Recommendation

Adverse Impacts on Neighboring Lands Suitability as Presently Zoned

Consistency with POCD

This is a dynamic label.

PLNG_COA_DIGEPLAN

Enhanced Doc List

[Open](#)

Reason for Hardship

Cost of historic preservation recommendations:

Economic circumstances of the applicant:Lack of availa

Impact of the historic preservation recommendations on the district as a whole and on property value

Dates and Notices

Application Received

Open Hearing Deadline

Close Hearing Deadline

Decision Deadline

Extensions Requested?

If yes, describe how the dates abc

Notice sent to NRZ/CRCOG

Legal Ad #1

Legal Ad #2

Sign Affidavit Received

Certificate of Mailings Returned

Notice of Decision Published

Recordation Date

Approval Expiration Date

Sign Deposit Check #

Sign Deposit Date Received

Sign Deposit Check Amount

Public Hearing Date

Public Hearing Time

Meeting Link or Location

Document Link

Certificate of Compliance

As-Built Drawing Date

Type of Bond

Escrow Account #

Bonding Company Name

Bonding Contact Name

Bonding Primary Phone #

Bonding Email

Drawings Number of Sheets

Drawings Last Revised

Prior Approvals

Type of Permit/Authorization Issued By Issued Date Expiration Date

Resolution Clauses

Type Comment

Workflow Status:

Task	Assigned To	Status	Status Date	Action By
Application Intake	Josiah Redding	Additional I...	12/13/2023	Alexander Castro
Planning and Zoning Re...				
Public Notice				
Historic Commission				
Notice of Decision				
Appeal Period				
Permit Issuance				
Permit Status				
Certificate of Plannin...				
Case Complete				

Condition Status:

Name	Short Comments	Status	Apply Date	Severity	Action By
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Application Comments:

View ID	Comment	Date
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Initiated by Product: AV360

Scheduled/Pending Inspections:

Inspection Type	Scheduled Date	Inspector	Status	Comments
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Resulted Inspections:

Inspection Type	Inspection Date	Inspector	Status	Comments
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SPECIFICATIONS:

Outdoor Use
Overall Size: 15" x 91" x 8"
Material : 3/16" Aluminium
Lettering : Vinyl

Atocha Restaurant & Lounge
363 Capital Ave.
Hartford, CT



**City of Hartford
Department of Development Services
Planning Division**

260, Constitution Plaza, Hartford, Connecticut 06103-1822
Return Form to the Planning Desk Counter or Via Accela Portal
860-757-9040 | oneplan@hartford.gov

PLANNING AND ZONING APPLICATION

PLEASE CHECK THE ACTION(S) YOU ARE APPLYING FOR:

- Zoning Appeal
- Zoning Permit: Signage Use/Accessory
- Site Plan
- Subdivision/Lot Line Revision
- Approval of Location
- Zoning Variance
- Zoning Map Change
- Historic Review
- Lot Combination
- Liquor Permit
- Special Permit

Receiving Federal Funds:

Yes No

Demo Add. Repair

Recent photos are required for all Historic Apps

1. PROPERTY INFORMATION

Property Address: 363 CAPITAL AVE City: Hartford State: CT Zip Code: 06106

Parcel ID: _____ Zoning District: _____

Property Owner: _____

Property Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Phone: 860-656-8356 Email: KATYDIAZ5685@GMAIL.COM

2. APPLICANT

Please check if "Applicant" is the same as "Property Owner"

Name of Applicant: MARK MULLINGS File Date: _____

Address: 45 WINTONBURY AVE City: BURMFIELD CT State: CT Zip Code: 06002

Phone: 860-242-8782 Email: GLOBALTECHDESIGNLLC@YAHOO.COM

3. PRIMARY POINT OF CONTACT:

Name: MARK MULLINGS

Phone: 860-242-8782

Email: GLOBALTECHDESIGNLLC@YAHOO.COM

4. PROJECT NARRATIVE

Describe your application action(s) and provide as much detail as possible. Attach additional pages if necessary:

SEE ATTACHED DOCUMENTS

SIGN FOR PROPOSED USE

**** PLEASE COMPLETE THE FOLLOWING SECTIONS AS THEY PERTAIN TO THE ACTIONS YOU ARE APPLYING FOR.
DON'T FORGET TO SIGN THE APPLICATION ON THE LAST PAGE!**

A. COMPLETE IF APPLYING FOR ZONING MAP CHANGE:

Proposed Zone: _____

Describe the existing use of land and buildings in the zone change area:

Describe the proposed use of land and buildings in the zone change area:

Reason for this request: _____

B. COMPLETE IF APPLYING FOR ZONING APPEAL:

Are you an aggrieved party? (Check one): Yes No

Permit or Violation number: _____

State your reason for appealing the decision of the zoning administrator or zoning enforcement officer:

C. COMPLETE IF APPLYING FOR ZONING VARIANCE:

State the particular hardship* or unnecessary difficulty that prompts this application **and** cite the section of the zoning regulations that you are seeking relief from. (Continue this narrative on a separate sheet if necessary.)

**A "hardship" is defined by the Connecticut State Statutes Section 8-6 where by "with respect to a parcel of land where, owing to conditions especially affecting such parcel but not affecting generally the district in which it is situated, a literal enforcement of such by laws, ordinances or regulations would result in exceptional difficulty or unusual hardship." Note that "mere financial loss does not constitute hardship warranting granting of variance [unless] loss is so great as to amount to confiscation of applicant's property; [a] variance might be justified."*

D. COMPLETE IF APPLYING FOR SUBDIVISION, LOT LINE REVISION, OR LOT COMBINATION

Lot Subdivision/Lot Line Revision:

Number of new lots to be created: _____ Area of each of the new lots in square feet _____

Street frontage of each of the new lots in feet _____

Lot Combination:

Address of lots to be combined _____

Map/Block/Lot for each property to be combined: Map _____ Block _____ Lot _____

Map _____ Block _____ Lot _____

Map _____ Block _____ Lot _____

(Map/Block/Lot and address information can be found at <http://gis.hartford.gov/parcelviewer/index.html>)

E. COMPLETE IF APPLYING FOR HISTORIC REVIEW

IMPORTANT: HISTORIC COMMISSION APPROVAL MUST FIRST BE OBTAINED BEFORE ANY BUILDING OR DEMOLITION PERMIT WILL BE ISSUED FOR WORK ON HISTORIC PROPERTIES. AFTER HISTORIC APPROVAL APPLICANTS MAY STILL NEED ZONING REVIEW. NO WORK MAY BEGIN UNTIL A BUILDING PERMIT IS ISSUED

****Recent photos AND proposed specifications/cut sheets for material are required to be submitted with this application.**

Proposed work includes: Repairs Addition New construction Demolition Other (specify)

(Check all that apply)

If proposing demolition, provide reason (attach additional pages if necessary):

Current materials being repaired/ replaced:

Materials/products being used in work: _____

F. COMPLETE IF APPLYING FOR A SIGN PERMIT

1. Is this sign proposed outside of the Building line? Yes No
Maximum extension from the Building line: _____ ft. _____ in.

2. Is this sign proposed outside of the Street line? Yes No
Maximum extension from the Street line: _____ ft. _____ in.

3. Is this sign illuminated? Yes No

4. Engineer Name(if any): _____ Phone: _____
Address: _____

5. Minimum distance from lowest point of sign to sidewalk: _____ ft. _____ in.

6. Maximum height of sign from lowest established grade: _____ ft. _____ in.

7. Distance from the nearest outdoor sign: _____ ft. _____ in.

8. Square feet of surface for one face of the sign: _____ ft. _____ in.

9. Wording on the sign(include all words): _____

Description of work (attach additional pages if necessary):

NOTE: Please submit copies of all drawings drawn to scale. Signed drawings should include the dimension of the sign. Elevation of building should include the location of proposed and existing signs. Site plans should include the location of proposed and existing signs and their distance from Building lines and Property lines.

5. SIGNATURE(S)

By signing below, I certify that all work will be done in strict accordance with the LOCAL, STATE AND FEDERAL BUILDING CODES. Further, all work covered by this application has been authorized by the owner of this property.

I agree that no work shall commence until all determinations have been made and the proper permits have been obtained.

Applicant Signature: *Rodolph Gubicanyi* Date: 11/14/23

Printed Name of Applicant: Rodolph Gubicanyi

Property Owner Signature (REQUIRED): *Max Muller* Date: 11/14/23

Printed Name of Property Owner: MAX MULLER