

APPLICATION FOR BUILDING PERMIT

The Village of Irvington | 85 Main St | Irvington NY 10533

Application Number:	356	Date:	04/02/2021
Job Location:	50 MAIN ST	Parcel ID:	2.80-32-15
Property Owner:	50 MAIN LLC	Property Class:	DOWNTOWN ROW (COM.WA
Occupancy:	Commercial	Zoning:	
Common Name:	48 MAIN ST		

Applicant	Contractor
Brian Cullen	Brian Cullen
Gotham Signs & Graphics	Gotham Signs & Graphics
615 Center AveMamaroneck NY 10543	615 Center Ave Mamaroneck NY 10543
9143156120	9143156120

Description of Work

Type of Work:	Sign (Business Dist. only)	Applicant is:	Contractor
Work Requested by:	Tenant	In association with:	
Cost of Work (Est.):	400.00	Property Class:	DOWNTOWN ROW (COM.WA

Description of Work

Window graphics for 2 front windows and side window.

Please Note: Completing the application does not constitute a permit to commence construction. To obtain your permit follow the instructions on the instruction page provided on page 3.

Job Location: 50 MAIN ST

Parcel Id: 2.80-32-15

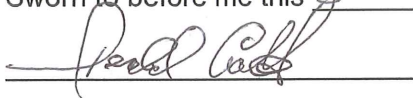
AFFIDAVIT OF APPLICANT

I **Brian Cullen** being duly sworn, depose and says: That s/he does business as: **Gotham Signs & Graphics** with offices at: **615 Center Ave Mamaroneck NY 10543** and that s/he is:

- ☐ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.
- ☐ The Lessee of the premises, duly authorized by the owner to make this application.
- ☐ The Architect of Engineer duly authorized by the owner to make this application.
- ☒ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Irvington Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this 5th day of April of 2021



Notary Public / Commission of Deeds

DONALD GOLDSMITH
Notary Public, State of New York
No. 01GO5021034
Qualified in Westchester County
Commission Expires Dec. 6, 20__



Applicant's Signature

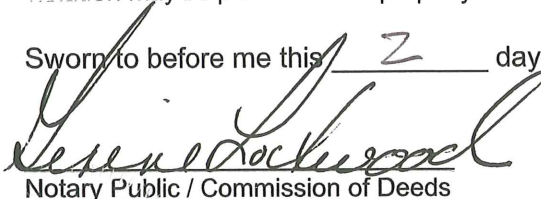
OWNER'S AUTHORIZATION

I **50 MAIN LLC** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 914-591-8181 Owner email address HEDEGRAN18@gmail.com

- ☒ I hereby acknowledge that it is my responsibility as the **property owner** to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

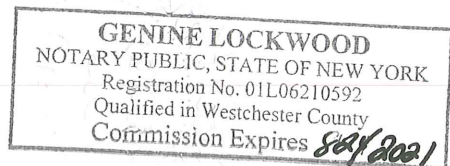
Sworn to before me this 2 day of APRIL of 2021



Notary Public / Commission of Deeds



Applicant's Signature



VILLAGE OF IRVINGTON

BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870

Web Site: www.Irvingtonny.gov



BUSINESS DISTRICT SIGN AND AWNING PERMIT APPLICATION CHECK LIST

It is suggested that all applicants applying for a sign permit read and understand ARTICLE XXVIII prior to applying to the Architectural Review Board for a sign or awning in the Business District.

REQUIREMENTS TO APPLY TO THE ARCHITECTURAL REVIEW BOARD

- ☒ 1) Apply on line at www.irvingtonny.gov for sign permit under building permits and along with your application submit to the building department the following:
- ☒ 2) Written authorization from the building owner on which the sign and or awning if the applicant is not the owner.
- ☒ 3) Evidence of Workers Compensation Insurance (on a C-105 or equivalent) and Liability Insurance of at least \$1,000,000 held by any installer, and any manufactures warranties.
- ☒ NA 4) For any sign or awning projecting over village property the applicant and owner of the building must provide evidence of a liability insurance in compliance with 224-195.(6) naming the Village of Irvington additional insured.
- ☒ 5) A scaled drawing depicting the dimensions of the building front and windows including an awning if one is used to a scale of one inch equals a one foot including:
 - a. Dimensions of business frontage
 - b. Dimensions of all openings
 - c. Dimensions of all existing signage to remain
- ☒ 6) A drawing of the proposed sign(s) and or awning, accurately showing dimensions, with a scale of not less than one inch equals one foot including:
 - d. Dimensions of all proposed signage
 - e. dimensions and layout of the letter forms
 - f. Dimensions and layout of all graphic's
 - g. Details on all thickness of proposed signs
- ☒ 7) The following calculations are required:
 - h. Business establishment building frontage
 - i. Aggregate business frontage area (Business establishment building frontage X 12 feet)
 - j. Square foot calculations of each individual window including glass doors
 - k. Square foot calculation of each proposed sign including any signage on an awning.
 - l. Square foot calculation of all permanent signage within four (4) feet of the inside of a window.
- ☒ 8) Samples of each material and color to be used in the sign and or awning.
- ☒ NA 9) Details of any lighting proposed for the sign or area.
- ☒ 10) Photographs clearly showing the building facade in its entirety and that of immediately adjacent buildings.
- ☒ 11) Close up photographs of building in the location of proposed sign and or awning are to be installed.
- ☒ NA 12) Separate details of all connections of the sign and or awning to the building
- ☒ NA 13) Separate details of all connection detail locations
- ☒ NA 14) For proposed awnings and recovers the following additional information is required:
 - m. A scaled drawing of the framing
 - n. Support details including all fastening methods
 - o. Detail showing all location of connections and fasteners
 - p. Details of any operating mechanism and its enclosure
 - q. Dimensions on the elevation drawing showing height of awning of sidewalk
 - r. Dimensions shown on a cross section detail of the building showing the awnings projection from the building.
- ☒ 15) Submit check list with submission

Applicant Name: Brian V Cullen Signature: Brian V Cullen Date: 4/5/21

By signing this form you attest to reading the attached sign ordinance and that all information asked for above has been submitted and the information submitted is correct.

Please note pursuant to 224-80.B.1.i that additional information may be required after submission from the Architectural Review Board or Building Department.

Note: the following list above is given to assist in the application process. It is not intended to be a replacement for the attached code. Unique and Special projects may require additional information, please review the attached code carefully before submitting an applications for a sign or awning permit.

Hours of Construction: Monday-Friday 7AM-7PM; Saturday 9AM-5PM; Sunday and holiday's construction is prohibited



THOMHOL-01

WALTOWE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2021

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 Hylant - Toledo 811 Madison Ave. Toledo, OH 43604	CONTACT NAME: Wendy Stanley		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: Wendy.Stanley@Hylant.com		
INSURED Thomasina Holdings, Inc. dba Gotham Signs & Graphics 615 Center Ave. Mamaroneck, NY 10543	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Selective Insurance Co of SC		19259
	INSURER B : Travelers Indemnity Co of CT		25682
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

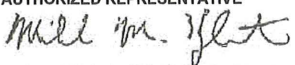
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S 2243541	10/15/2020	10/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input 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			S 2243541	10/15/2020	10/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			S 2243541	10/15/2020	10/15/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB6H026691	10/15/2020	10/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property			S 2243541	10/15/2020	10/15/2021	BPP
A	Special form/RC			S 2243541	10/15/2020	10/15/2021	BI/EE ALS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is included as blanket additional insured per written contract, subject to policy provisions.

CERTIFICATE HOLDER

CANCELLATION

Village of Irvington 85 Main St Irvington, NY 10533	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 



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) THOMASINA HOLDINGS INC DBA GOTHAM SIGNS & GRAPHICS 615 CENTER AVE MAMARONECK, NY 10543 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured (914) 315-6120 1c. Federal Employer Identification Number or Social Security Number 812512124
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON, NY 10533	3a. Name of Insurance Carrier New York State Insurance Fund (NYSIF) 3b. Policy Number of Entity Listed in Box "1a" DBL 6881 45 - 3 3c. Policy effective period 05/18/2020 to 05/18/2021

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits
☐ B. Disability benefits only
☐ C. Paid family leave benefits only

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 4/2/2021

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title **Melissa Jensen, Director of Disability Insurance Unit**

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____

Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

SIGN AND AWNING WORK SHEET #1



ALLOWABLE SIGN AND TEMPORARY SIGN WORKSHEET

Project Information:

Address: _____
 Unit # _____
 PID # _____
 Acct# _____
 S/B/L/P _____

Building Criteria

Const. Classification: _____
 Use Classification: _____
 Frame Type: _____
 Fuel Type: _____
 Heating System: _____
 Fire Sprinkler : Yes: _____ No: _____

Owner Information:

Name _____
 Street Address _____
 Town/State/Zip _____
 Email Address _____
 Phone Number _____

Tenant Information:

Name Farm Eats BBQ
 Street Address 48 Main Street
 Town/State/Zip Irvington, NY 10520
 Email Address info@farmeats.com
 Phone Number 914-217-3749

FOR SIGNS IN THE BUSINESS, INDUSTRIAL, RAILROAD DISTRICT

EXISTING CONDITIONS AND ALLOWABLE SIGN COVERAGE							
ALLOWABLE SIGN COVERAGE CALCULATION							
BUSINESS FRONTAGE			65.666 IN FEET				
			X 12 FEET				
EQUALS			787.99				
			X .25				
EQUALS			196.99		ALLOWABLE SQ FT PERMANENT SIGN		
(NOTE: not more than 30% of a window inclusive of 224-192 shall be covered by a sign)							
ALLOWABLE WINDOW COVERAGE CALCULATION							
	WIDTH		HEIGHT	TOTAL		ALLOWABLE	
WINDOW #1	4.91	x	7.25	35.598	sqft	0.3	10.679 sqft
WINDOW #2	1.75	x	7.25	12.688	sqft	0.3	3.8063 sqft
WINDOW #3	1.583	x	5.416	8.5735	sqft	0.3	2.5721 sqft
WINDOW #4	1.583	x	5.416	8.5735	sqft	0.3	2.5721 sqft
WINDOW #5	1.75	x	7.25	12.688	sqft	0.3	3.8063 sqft
WINDOW #6	4.91	x	7.25	35.598	sqft	0.3	10.679 sqft
WINDOW #7	4.583	x	7.25	33.227	sqft	0.3	9.968 sqft
WINDOW #8	0	x	0	0	sqft	0.3	0 sqft
WINDOW #9	0	x	0	0	sqft	0.3	0 sqft
WINDOW #10	0	x	0	0	sqft	0.3	0 sqft
				TOTAL WINDOW SQ FT			44.083 SQ FT
Note: window coverage inclusive of all signage listed in 224-192 not requiring ARB approval.							
Note: window coverage inclusive of permanent and temporary window signage							
* APPLICANT TO PROVIDE A PHOTO OF STORE FRONT NUMBERING EACH							

WINDOW – Each window comprises contiguous panes of glass or other transparent or translucent material, including panes divided by window dividers, within a common frame or border and a single plane, visible from the exterior of a building.

NOTE: The following calculations above are given to assist in the application process. It is not intended to be a replacement for other requirements or sections of the code . Unique and Special projects may require additional information, please review the attached code carefully before submitting an applications for a sign or awning permit.

NOTE: SIZES AND NOTES TAKEN HERE IN AND REFERENCED ARE OF EXISTING CONDITIONS AT THE TIME OF INSPECTION AND MAY CHANGE IT IS THE RESPONSIBILITY OF THE APPLICANT TO UPDATE THE ABOVE INFORMATION PRIOR TO SUBMISSION

SIGN AND AWNING WORK SHEET #2

PROPOSED AND EXISTING SIGN AND TEMPORARY SIGN WORKSHEET



Project Information:

Address _____
 Unit # _____
 PID # _____
 Acct# _____
 S/B/L/P _____

Owner Information:

Name _____
 Street Address _____
 Town/State/Zip _____
 Email Address _____
 Phone Number _____

Tenant Information:

Name _____ Farm Eats BBQ
 Street Address _____ 48 Main Street
 Town/State/Zip _____ Irvington, NY 10520
 Email Address _____ info@farmeats.com
 Phone Number _____ 914-217-3749

FOR SIGNS IN THE BUSINESS, INDUSTRIAL, RAILROAD DISTRICT

GRANDFATHERED YES / NO		COMPLIANT / NON-COMPLIANT		DOCUMENTED / UNDOCUMENTED		EXISTING AND PROPOSED SIGN CALCULATIONS									
EXISTING SIGN COVERAGE TO REMAIN						PROPOSED SIGN COVERAGE									
			WIDTH	HEIGHT	SQ FT	DISCUPTION OF SIGN				WIDTH	HEIGHT	SQ FT	DISCUPTION OF SIGN		
			SIGN "A"	3	1.83	5.49	Window Sign A			SIGN "1"	3	1.89	5.67	Cut White Graphics	
			SIGN "B"	3	1.83	5.49	Window Sign B			SIGN "2"	3	1.89	5.67	Cut White Graphics	
			SIGN "C"	3	1.83	5.49	Window Sign C			SIGN "3"	3	1.89	5.67	Cut White Graphics	
			SIGN "D"	1.83	2.2	4.026	Lateral Sign			SIGN "4"			0		
			SIGN "E"			0				SIGN "5"			0		
			SIGN "F"			0				SIGN "6"			0		
			SIGN "G"			0				SIGN "7"			0		
			SIGN "H"			0				SIGN "8"			0		
			SIGN "I"			0				SIGN "9"			0		
			SIGN "J"			0				SIGN "10"			0		
			SIGN "K"			0				SIGN "11"			0		
						20.496	TOTAL EXISTING PERMAINENT SIGN							17.01	TOTAL EXISTING PERMAINENT SIGN
* APPLICANT TO PROVIDE A SEPARATE PHOTO OF STORE FRONT LABELING EACH EXISTING AND PROPOSED SIGN														Note: window coverage inclusive of permanent and temporary window signage Note: window coverage inclusive of all signage listed in 224-192 not requiring ARB approval.	
EXISTING AND PROPOSED WINDOW AND TEMPORARY SIGN CALCULATIONS															
EXISTING WINDOW AND TEMPORARY SIGN COVERAGE TO REMAIN								PROPOSED WINDOW AND TEMPORARY SIGN COVERAGE							
			WIDTH	HEIGHT	SQ FT	DISCUPTION OF SIGN				WIDTH	HEIGHT	SQ FT	DISCUPTION OF SIGN		
			SIGN "TA"			0				SIGN "T1"			0		
			SIGN "TB"			0				SIGN "T2"			0		
			SIGN "TC"			0				SIGN "T3"			0		
			SIGN "TD"			0				SIGN "T5"			0		
			SIGN "TE"			0				SIGN "T6"			0		
			SIGN "TF"			0				SIGN "T7"			0		
			SIGN "TG"			0				SIGN "T8"			0		
			SIGN "TH"			0				SIGN "T9"			0		
			SIGN "TI"			0				SIGN "T10"			0		
			SIGN "TJ"			0				SIGN "T11"			0		
			SIGN "TK"			0				SIGN "T12"			0		
						0	TOTAL EXISTING PERMAINENT SIGN							0	TOTAL EXISTING PERMAINENT SIGN
* APPLICANT TO PROVIDE A SEPARATE PHOTO OF STORE FRONT LABELING EACH EXISTING AND PROPOSED SIGN														Note: window coverage inclusive of permanent and temporary window signage Note: window coverage inclusive of all signage listed in 224-192 not requiring ARB approval.	

SIGN – Any material, structure, or device containing or composed of letters, pictures, or symbols, designed or used for the purpose of attracting, or that does attract, the attention of the public to the subject matter thereof; and located either out of doors, on the exterior of a building, on an awning, or inside a building within four feet of a window, and in a manner to be viewed principally by passersby. A national, state, or local flag shall not be considered a sign.

NOTE: The following calculations above are given to assist in the application process. It is not intended to be a replacement for other requirements or sections of the code . Unique and Special projects may require additional information, please review the attached code carefully before submitting an applications for a sign or awning permit.

NOTE: SIZES AND NOTES TAKEN HERE IN AND REFERANCED ARE OF EXISTING CONDITIONS AT THE TIME OF INSPECTION AND MAY CHANGE IT IS THE RESPONSIBILITY OF THE APPLICANT TO UPDATE THE ABOVE INFROMATION PRIOR TO SUBMISSION

SIGN AND AWNING WORK SHEET #2



PROPOSED AND EXISTING SIGN AND TEMPORARY SIGN WORKSHEET

Project Information:

Address 48 Main St.
 Unit # _____
 PID # _____
 Acct# _____
 S/B/L/P _____

Owner Information:

Name Harald Edegran
 Street Address 50 Main St
 Town/State/Zip Irvington NY 10520
 Email Address HEDEGRANVP@gmail.com
 Phone Number 914-591-8181

Tenant Information:

Name Farm Eats BBQ
 Street Address 48 Main St
 Town/State/Zip Irvington, NY 10520
 Email Address info@farmeats.com
 Phone Number 914-217-3749

FOR SIGNS IN THE BUSINESS, INDUSTRIAL, RAILROAD DISTRICT

EXISTING AND PROPOSED SIGN CALCULATIONS					PROPOSED SIGN COVERAGE				
EXISTING SIGN COVERAGE TO REMAIN					PROPOSED SIGN COVERAGE				
	WIDTH	HEIGHT	SQ FT	DISCRIPTION OF SIGN		WIDTH	HEIGHT	SQ FT	DISCRIPTION OF SIGN
			0	SIGN "A"		3'	1.89'	5.67	Cut White Graphics
			0	SIGN "B"		3'	1.89'	5.67	Cut White Graphic
			0	SIGN "C"		3'	1.89'	5.67	Cut White Graphics
			0	SIGN "D"				0	
			0	SIGN "E"				0	
			0	SIGN "F"				0	
			0	SIGN "G"				0	
			0	SIGN "H"				0	
			0	SIGN "I"				0	
			0	SIGN "J"				0	
			0	SIGN "K"				0	
				0 TOTAL EXISTING PERMAINENT SIGN					0 TOTAL EXISTING PERMAINENT SIGN
* APPLICANT TO PROVIDE A SEPARATE PHOTO OF STORE FRONT LABELING EACH EXISTING AND PROPOSED SIGN					Note: window coverage inclusive of permanent and temporary window signage Note: window coverage inclusive of all signage listed in 224-192 not requiring ARB approval.				
EXISTING AND PROPOSED WINDOW AND TEMPORARY SIGN CALCULATIONS					PROPOSED WINDOW AND TEMPORARY SIGN COVERAGE				
EXISTING WINDOW AND TEMPORARY SIGN COVERAGE TO REMAIN					PROPOSED WINDOW AND TEMPORARY SIGN COVERAGE				
	WIDTH	HEIGHT	SQ FT	DISCRIPTION OF SIGN		WIDTH	HEIGHT	SQ FT	DISCRIPTION OF SIGN
			0	SIGN "TA"				0	
			0	SIGN "TB"				0	
			0	SIGN "TC"				0	
			0	SIGN "TD"				0	
			0	SIGN "TE"				0	
			0	SIGN "TF"				0	
			0	SIGN "TG"				0	
			0	SIGN "TH"				0	
			0	SIGN "TI"				0	
			0	SIGN "TJ"				0	
			0	SIGN "TK"				0	
				0 TOTAL EXISTING PERMAINENT SIGN					0 TOTAL EXISTING PERMAINENT SIGN
* APPLICANT TO PROVIDE A SEPARATE PHOTO OF STORE FRONT LABELING EACH EXISTING AND PROPOSED SIGN					Note: window coverage inclusive of permanent and temporary window signage Note: window coverage inclusive of all signage listed in 224-192 not requiring ARB approval.				

SIGN – Any material, structure, or device containing or composed of letters, pictures, or symbols, designed or used for the purpose of attracting, or that does attract, the attention of the public to the subject matter thereof; and located either out of doors, on the exterior of a building, on an awning, or inside a building within four feet of a window, and in a manner to be viewed principally by passersby. A national, state, or local flag shall not be considered a sign.

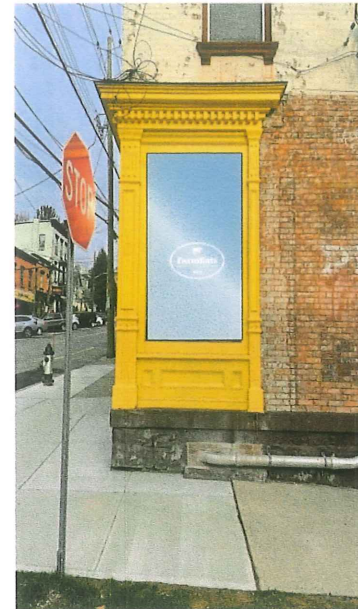
NOTE: The following calculations above are given to assist in the application process. It is not intended to be a replacement for other requirements or sections of the code . Unique and Special projects may require additional information, please review the attached code carefully before submitting an applications for a sign or awning permit.

NOTE: SIZES AND NOTES TAKEN HERE IN AND REFERENCED ARE OF EXISTING CONDITIONS AT THE TIME OF INSPECTION AND MAY CHANGE IT IS THE RESPONSIBILITY OF THE APPLICANT TO UPDATE THE ABOVE INFROMATION PRIOR TO SUBMISSION

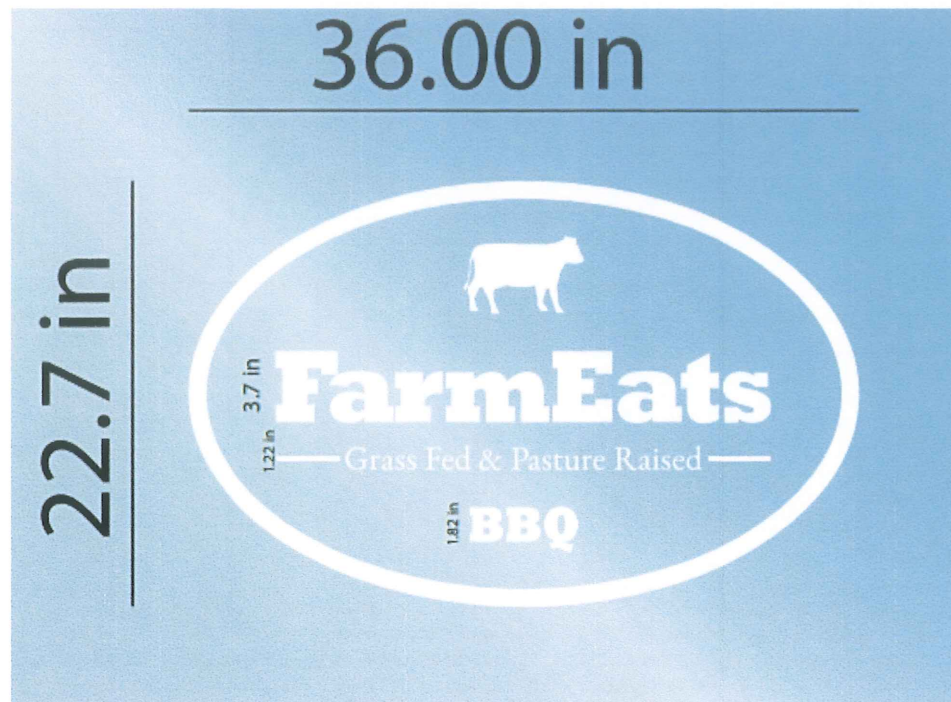
48 Main Street – Current state of front and side windows



48 Main Street – Proposed signage – replacing existing window graphics with new graphics. The footprint will be approximately the same. Allowable coverage for front and side windows is 10.6 sq ft. New graphics are 5.67 sq ft.



The graphics will be simple, cut white vinyl mounted on the inside of the glass



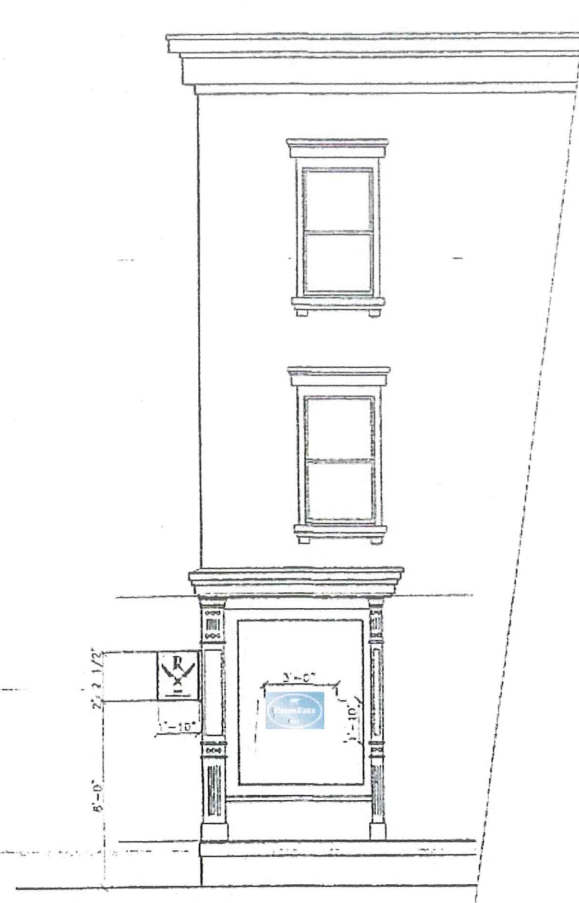
Neighboring Properties





NORTH ELEVATION

SCALE : 1/4" = 1'-0"



WEST ELEVATION

SCALE : 1/4" = 1'-0"