

# APPLICATION FOR BUILDING PERMIT

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

Application Number:	574	Date:	06/03/2021
Job Location:	129 MAIN ST	Parcel ID:	2.50-22-13
Property Owner:	FOLEY, ANNE	Property Class:	STOR, WRHSE & DIST F
Occupancy:	Commercial	Zoning:	
Common Name:	storefront		

<b>Applicant</b>	<b>Contractor</b>
stephen and sydney schembari	dan lucey
The Next Paige Salon	signs ink
948 peekskill hollow rdPutnam Valley NY 10579	3255 crompond rd yorktown heights ny 10598
9142993183	914-739-9059

## Description of Work

Type of Work:	Sign (Business Dist. only)	Applicant is:	Lessee
Work Requested by:	Tenant	In association with:	
Cost of Work (Est.):	2000.00	Property Class:	STOR, WRHSE & DIST F

## Description of Work

***production and installation of new sign***

**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: 129 MAIN ST

Parcel Id: 2.50-22-13

**AFFIDAVIT OF APPLICANT**

Sydney Schembari

I ~~Stephen~~ and ~~Sydney Schembari~~ being duly sworn, depose and says: That s/he does business as: The Next Paige Salon with offices at: 948 peekskill hollow rd Putnam Valley NY 10579 and that s/he is:

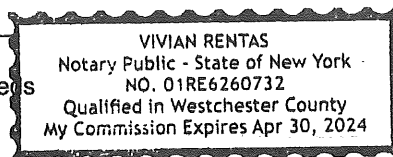
- ☐ The owner of the property described herein.
- ☐ The \_\_\_\_\_ of the New York Corporation \_\_\_\_\_ with offices at: \_\_\_\_\_  
\_\_\_\_\_ duly authorized by resolution of the Board of Directors, and that  
said corporation is duly authorized by the owner to make this application.
- ☐ A general 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 7 day of June of 2021



Notary Public / Commission of Deeds





Applicant's Signature

**OWNER'S AUTHORIZATION**

I FOLEY, ANNE 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 203-915-2976 Owner email address annefoley@yahoo.com

- ☒ Anne U. Foley 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.

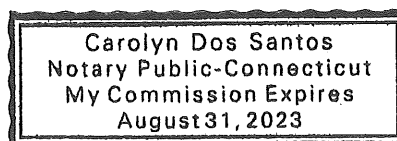
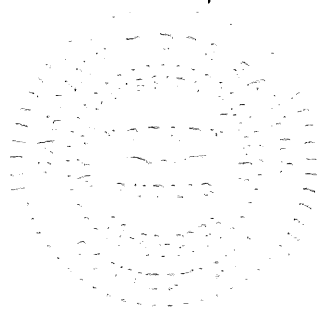
Sworn to before me this 4th day of June of 2021



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](http://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](http://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.
- ☒ 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.
- ☒ 9) Details of any lighting proposed for the sign of 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.
- ☒ 12) Separate details of all connections of the sign and or awning to the building
- ☒ 13) Separate details of all connection detail locations
- ☒ 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: Sydney Schembrow

Signature: 

Date: 6/28/21

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

# Signs Ink

SIGNS & AWNINGS

914/ 739-9059 Fax 914/ 739-9728

3255 CROMPOND RD. YORKTOWN, N.Y. 10598

www.signsink.com



PO#		INVOICE #	
JOB NAME			
CONTACT			
DATE ORDERED		DATE DUE	
PHONE			
FAX			
JOB LOCATION			
BILL TO			
E-MAIL ADDRESS			

## SIGN TYPE

- |                                |                                 |                                   |                                  |                                    |  |                                 |
|--------------------------------|---------------------------------|-----------------------------------|----------------------------------|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Plexy | <input type="checkbox"/> Vinyl  | <input type="checkbox"/> Banner   | <input type="checkbox"/> Carved  | <input type="checkbox"/> Light Box | <input type="checkbox"/> Service         | <input type="checkbox"/> Permit |
| <input type="checkbox"/> Wood  | <input type="checkbox"/> Paper  | <input type="checkbox"/> Job Site | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Aluminum  | <input type="checkbox"/> Alum. Pan       | <input type="checkbox"/>        |
| <input type="checkbox"/> Corrx | <input type="checkbox"/> Sintra | <input type="checkbox"/> Magnetic | <input type="checkbox"/> Neon    | <input type="checkbox"/> Awning    | <input type="checkbox"/> Channel Letters | <input type="checkbox"/>        |

<input type="checkbox"/> Qty. _____	H. _____ W. _____	<input type="checkbox"/> SS <input type="checkbox"/> DS	Background: _____	Logo: _____
<input type="checkbox"/> Qty. _____	H. _____ W. _____	<input type="checkbox"/> SS <input type="checkbox"/> DS	Copy: _____	Border: _____
<input type="checkbox"/> Qty. _____	H. _____ W. _____	<input type="checkbox"/> SS <input type="checkbox"/> DS	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	Salesperson: _____

## COPY

129 MAIN ST  
 110' LETTERING  
 5" LETTERING  
 20" LETTERING

## TERMS & CONDITIONS

- 50% Deposit required on all work
- All work is started approximately 24 hours after order has been taken
- No deposit refunded after work has been started
- Balance shall be paid upon completion of job
- Orders not picked up & paid in full will be stored at a rate of 18% per month
- All signs are property of Signs Ink until paid in full
- Customer is responsible for all collection & attorney fees
- Sign copy has been proofread & conditions agreed to:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COST	1950
INSTALLATION	
PERMIT COST	
SUB-TOTAL	
SALES TAX	163.31
TOTAL	2113.31
LESS DEPOSIT	
BALANCE	

THANK YOU  
WE APPRECIATE YOUR BUSINESS!





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

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 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).

<b>PRODUCER</b> Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594	<b>CONTACT NAME:</b> Gina M. Roma	
	<b>PHONE (A/C, No, Ext):</b> 914-239-4415 <b>FAX (A/C, No):</b> 914-741-6407	
	<b>E-MAIL ADDRESS:</b> ginar@miller-ins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> GREENWICH INS CO	22322
<b>INSURED</b> Signs Ink Ltd dba White Plains Sign Company 3255 Crompond Road Yorktown Heights NY 10598	<b>INSURER B:</b> XL SPECIALTY INS CO	37885
	<b>INSURER C:</b> Hartford Casualty Ins Co	29424
	<b>INSURER D:</b> Hartford Life Ins Co	88072
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 870922235

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>			NPC-1002180-01	11/21/2020	11/21/2021	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			NBA-1002181-01	11/21/2020	11/21/2021	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>  DED RETENTION \$			NEC-6005504-02	11/21/2020	11/21/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	16WECDU0437	11/21/2020	11/21/2021	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Disability			LNy647952	1/1/2021	12/31/2021	Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.\*

\*\* Work in the 5 Boroughs is Excluded

**CERTIFICATE HOLDER****CANCELLATION**

Village of Irvington  
85 Main Street  
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

© 1988-2010 ACORD CORPORATION. All rights reserved.



**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (use street address only)</p> <p>SIGNS INK LTD 3255 CROMPOND RD YORKTOWN HEIGHTS NY 10598-3605</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>914-739-9059</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>13-3841692</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Irvington 85 MAIN ST IRVINGTON NY 10533-1720</p>	<p>3a. Name of Insurance Carrier</p> <p>Hartford Casualty Insurance Company 29424</p> <p>3b. Policy Number of Entity Listed in Box "1a":</p> <p>16 WEC DU0437</p> <p>3c. Policy effective period:</p> <p>11/21/2020 to 11/21/2021</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**


This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**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 the coverage as depicted on this form.**

Approved by: Danielle Clausen  
(print name of authorized representative or licensed agent of insurance carrier)

Approved by:  06/30/2021  
(Signature) (Date)

Title: Operations Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: (866) 467-8730

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



# 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

<b>1a. Legal Name &amp; Address of Insured (use street address only)</b>  SIGNS INK, LTD DBA WHITE PLAINS SIGN COMPANY 3255 CROMPOND ROAD YORKTOWN HEIGHTS, NY 10598  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>  914-739-9059  <b>1c. Federal Employer Identification Number or Social Security Number</b>  133841692
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  Village of Irvington 85 Main St Irvington NY 10533	<b>3a Name of Insurance Carrier</b>  HARTFORD LIFE AND ACCIDENT  <b>3b Policy Number of Entity Listed in Box "1a"</b>  LNY647952  <b>3c Policy effective period</b>  01-01-2021 to 12-31-2021
<b>4. Policy provides the following benefits:</b> <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid family leave benefits only.  <b>5. Policy covers:</b> <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> 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 06-30-2021

*Elizabeth Tello*

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

Telephone Number (212) 553-8074

Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

**IMPORTANT:** If Boxes 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, 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)

<b>State of New York Workers' Compensation Board</b>  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.





## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

# SIGN AND AWNING WORK SHEET #1



## ALLOWABLE SIGN AND TEMPORARY SIGN WORKSHEET

### Project Information:

Address: 129 MAIN ST.  
 Unit # STORE FRONT  
 PID # 2.50-22-13  
 Acct# \_\_\_\_\_  
 S/B/L/P \_\_\_\_\_

### Building Criteria

Const. Classification: \_\_\_\_\_  
 Use Classification: Mixed use  
 Frame Type: WOOD-MASONRY  
 Fuel Type: Oil  
 Heating System: \_\_\_\_\_  
 Fire Sprinkler : Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Owner Information:

Name Anne Foley  
 Street Address 88 LOVERS LN  
 Town/State/Zip MADISON, CT  
 Email Address annefoley@yahoo.com  
 Phone Number 203-915-2976

### Tenant Information:

Name The Next Paige Salon, LLC  
 Street Address 129 Main Street  
 Town/State/Zip Irvington, NY 10533  
 Email Address SSCHEMBARI@GMAIL.COM  
 Phone Number 914-299-3183

## FOR SIGNS IN THE BUSINESS, INDUSTRIAL, RAILROAD DISTRICT

EXISTING CONDITIONS AND ALLOWABLE SIGN COVERAGE							
<b>ALLOWABLE SIGN COVERAGE CALCULATION</b>							
BUSINESS FRONTAGE			67.75 IN FEET				
			X 12 FEET				
EQUALS			813				
			X .25				
EQUALS			203.25		<b>ALLOWABLE SQ FT PERMANENT SIGN</b>		
(NOTE: not more than 30% of a window inclusive of 224-192 shall be covered by a sign)							
<b>ALLOWABLE WINDOW COVERAGE CALCULATION</b>							
	WIDTH		HEIGHT	TOTAL		ALLOWABLE	
WINDOW #1	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #2	1.666	x	2.75	4.5815	sqft	0.3	1.3745 sqft
WINDOW #3	2.25	x	3	6.75	sqft	0.3	2.025 sqft
WINDOW #4	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #5	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #6	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #7	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #8	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #9	2.33	x	6	13.98	sqft	0.3	4.194 sqft
WINDOW #10	0	x	0	0	sqft	0.3	0 sqft
				<b>TOTAL WINDOW SQ FT</b>			<b>32.757 SQ FT</b>
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 129 Main St  
 Unit # \_\_\_\_\_  
 PID # \_\_\_\_\_  
 Acct# \_\_\_\_\_  
 S/B/L/P \_\_\_\_\_

### Owner Information:

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

### Tenant Information:

Name The Next Paige Salon, LLC  
 Street Address 129 Main Street  
 Town/State/Zip Irvington, NY 10533  
 Email Address SSCHEMBARI@GMAIL.COM  
 Phone Number 914-299-3183

### 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
				SIGN "A"					SIGN "1"
				SIGN "B"		6'-0"	3'-0"	18	Business I.D.
			0	SIGN "C"				0	SIGN "2"
			0	SIGN "D"				0	SIGN "3"
			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	TOTAL EXISTING PERMANENT SIGN				18	TOTAL EXISTING PERMANENT 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	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	TOTAL EXISTING PERMANENT SIGN				0	TOTAL EXISTING PERMANENT 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 INFORMATION PRIOR TO SUBMISSION







REFERENCE SEC 224-192 LOCAL CODE

AGGREGATE BUILDING FRONTAGE 40' X 12' = 480 SF

3 - 3' X 6' (18 SF) WINDOWS = 54 SF

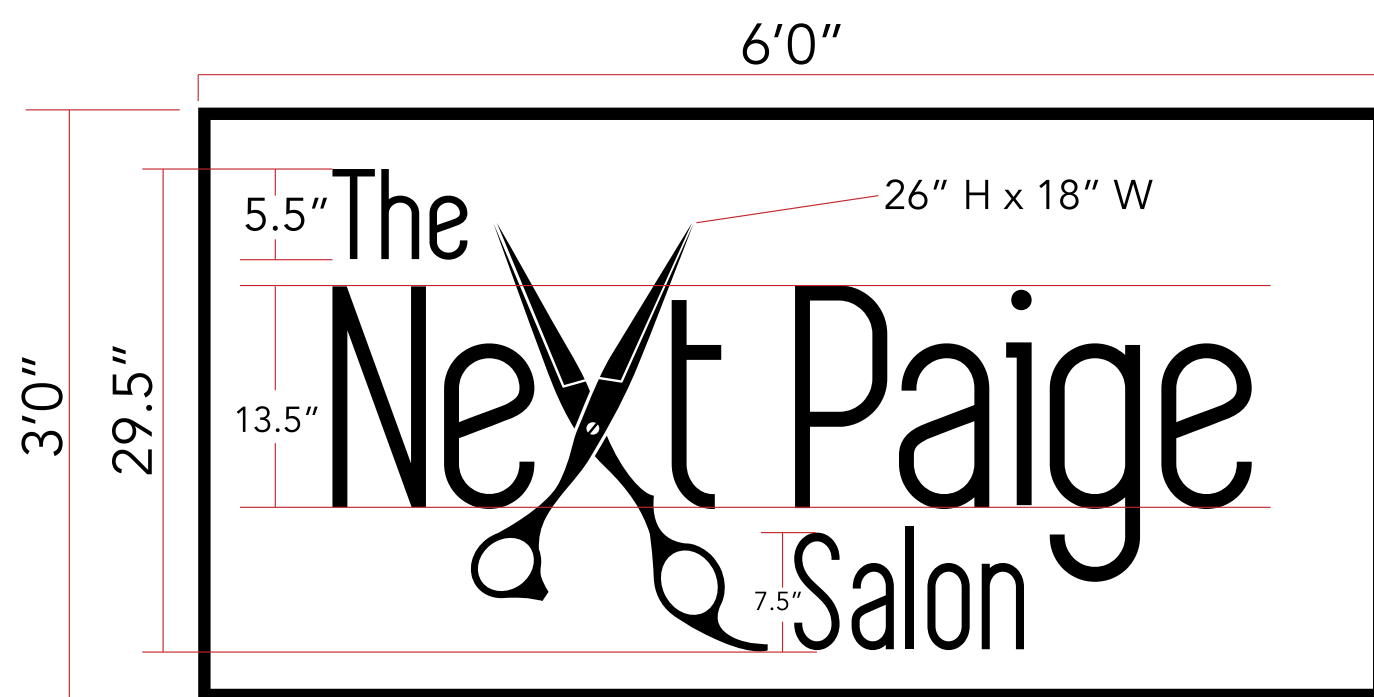
1 - ENTRY DOOR & GLASS 8' X 8' = 64 SF

1 - ENTRY DOOR 3' X 7' = 21 SF

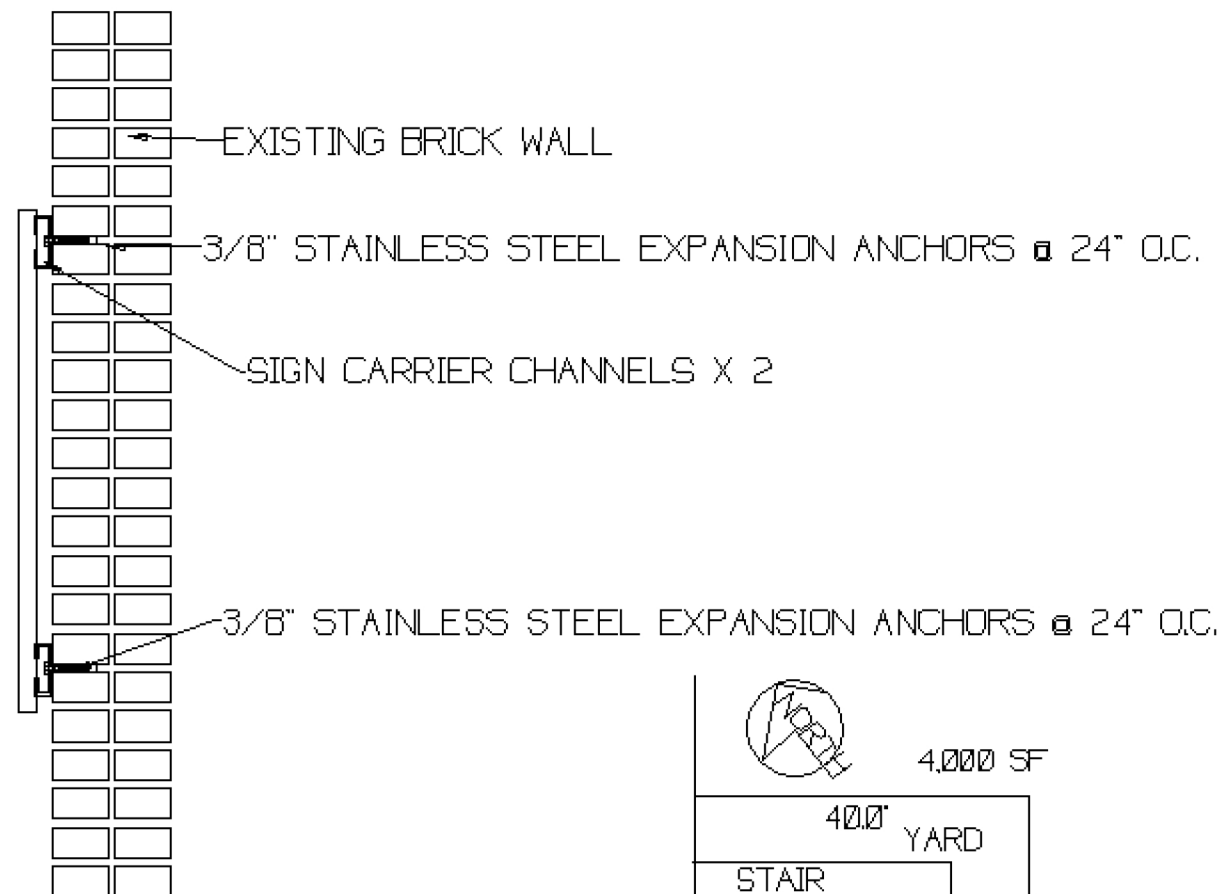
PROPOSED SIGN 6' X 3' = 18 SF

MAXIMUM [SUM] SIGN SIZE 25% OF 480 SF = 120 SF

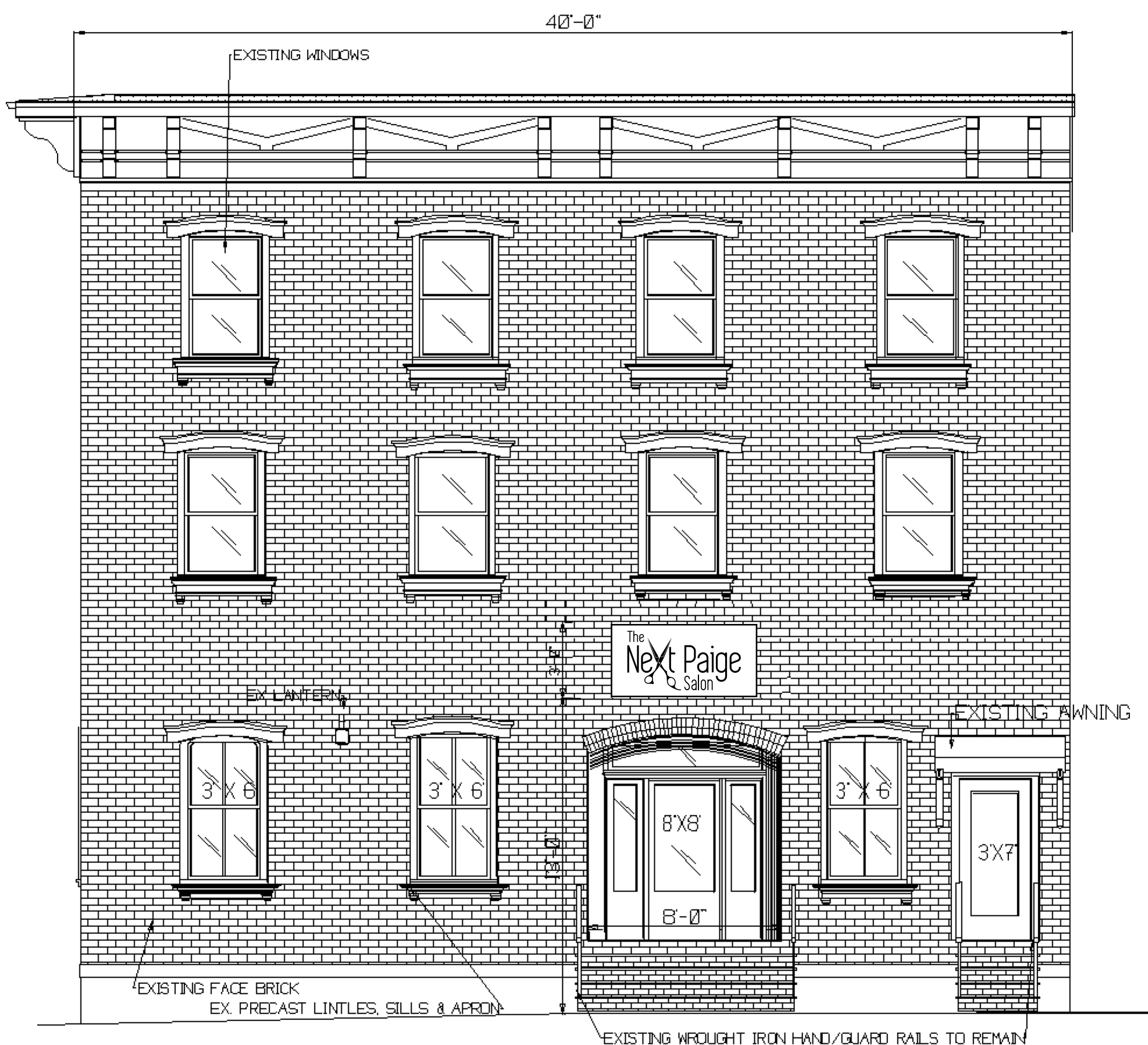
PROPOSED SIGNAGE PROPOSED = 18 SF



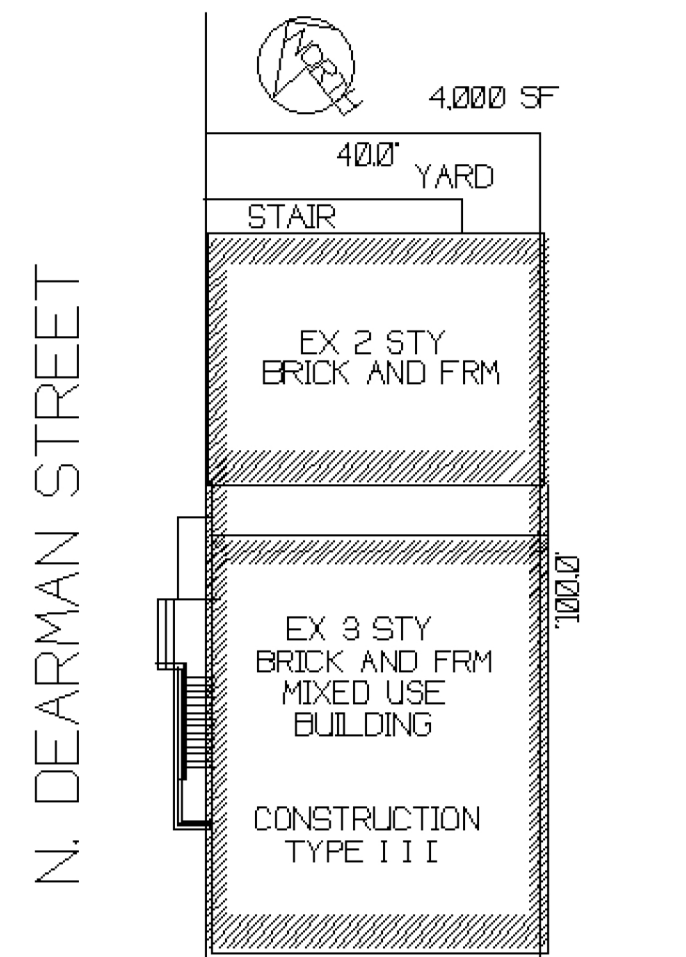
PROPOSED SIGN ELEVATION  
SCALE 1" = 1'-0"



WALL SECTION



NOTE: NO PROPOSED CHANGE TO ELEVATION EXCEPT FOR PROPOSED NEW SIGN  
FRONT (SOUTH) ELEVATION  
SCALE 1/4" = 1'-0"



MAIN STREET  
PLOT PLAN  
SCALE 1" = 20'-0"

REVISION	DATE	DESCRIBE	BY
CLIENT APPLICANT SYDNEY SCHEMBARI THE NEXT PAIGE SALON LOCATION 129 MAIN STREET, IRVINGTON, NY			
2.50 - 22 - 13, B ZONE, HISTORIC			
DRAWING	DATE 5/25/2021	BY JL-GHK	
SIGN DRAWING			
JOHN A. LENTINI ARCHITECT 124 ALLAN STREET CORTLANDT MANOR, NY 10567-1614 PHONE (914) 737-2890 FAX -1915			
SEAL & SIGNATURE		DRAWING NUMBER 01321	
		SN1	
		SHEET OF	