

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



BUISNESS 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.
- ✓ 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:

Julian Pennington

Signature:

Date:

10/25/21

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

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1048	Date:	10/25/2021
Job Location:	8 south broadway	Parcel ID:	
Property Owner:	vincent colombino	Property Class:	
Occupancy:	Commercial	Zoning:	
Common Name:			

Applicant	Contractor
vincent colombino	michael lang
Prime Time Collect LLC	signarama
8 south broadwayIrvington NY 10533	28 N Central Ave hartsdale new york 10530
9143640008	9143283111

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:	

Description of Work

Putting flat sign up

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: 8 south broadway

Parcel Id:

AFFIDAVIT OF APPLICANT

Julian Pennington
I vincent colombino being duly sworn, depose and says: That s/he does business as: **Prime Time Collect LLC** with offices at: **8 south broadway Irvington NY 10533** 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 25 day of October of 2021

Genine Lockwood
Notary Public / Commission of Deeds

[Signature]
Applicant's Signature

GENINE LOCKWOOD
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01106210592
Qualified in Westchester County
Commission Expires 08/12/25

OWNER'S AUTHORIZATION

Julian Pennington
I vincent colombino 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 914-582-8287 Owner email address julian-pennington 44@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 25 day of October of 2021

Genine Lockwood
Notary Public / Commission of Deeds

[Signature]
Applicant's Signature

GENINE LOCKWOOD
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01106210592
Qualified in Westchester County
Commission Expires 08/12/25

PROPOSED TENANT INFORMATION

Tenant: Primerime Collet
Mailing Address: 11 N. Broadway, 3rd Fl. Tarrytown, NY 10591
Email Address: julian.pennington44@gmail.com
Phone Number: _____ Cell Phone Number: 914-582-8287

EXISTING TENANT INFORMATION

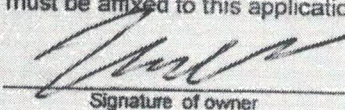
Tenant: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____ Cell Phone Number: _____

AFFIDAVIT OF OWNER AND APPLICANT

State of New York }
County of Westchester } ss:

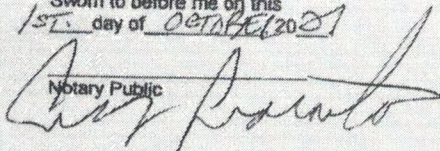
Michael Katato being duly sworn, deposes and says:
that Tracy Katato Reilly is the owner in fee of the premises to which this application applies; that the applicant is duly authorized to make this application; and that the statements contained here are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in and in accordance with all applicable laws, ordinances and regulations. Applicant also acknowledges that he/she has reviewed village code sections 224-36 (uses in the Business District) and 224-39 (uses in the Industrial District) and confirms that the proposed change is allowed under village zoning (Note: The filing of this application does not constitute a permit to commence construction, a separate Building Permit is required for any physical, interior or layout changes in the interior, exterior or egress.)

Note: If applicant is not owner of premises, owner's signature or written permission by owner must be affixed to this application.


Signature of owner

ANTHONY QUARANTA
Notary Public, State of New York
No. 01QU4703600
Qualified in Kings County
Commission Expires Aug. 31, 2025

Sworn to before me on this
1st day of OCTOBER 2021


Notary Public

- Pursuant to 224-54-A-1, all building permits expire one year from approval date. Applicant must request a renewal prior to the expiration date; otherwise the application will be subject to additional fees.

- All fees are collected at time of application.

- Original signatures are required on all applications.



PRIMCOL-01

MRIVERA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2021

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 Allan M. Block Agency, Inc. 24 South Broadway Tarrytown, NY 10591		CONTACT NAME: PHONE (A/C, No, Ext): (914) 631-4353 FAX (A/C, No): (914) 631-2930 E-MAIL ADDRESS: sales@allanblockinsurance.com		
INSURED Primetime Collect LLC 10-B South Broadway Irvington, NY 10533		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Travelers Casualty Insurance Company of America		19046
		INSURER B :		
		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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			680-7S86800A	10/1/2021	10/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	<input checked="" type="checkbox"/> 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			680-7S86800A	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Irvington is additional insured if required by written contract.

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



**Workers'
Compensation
Board**

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>WESTCHESTER MARKETING GROUP, INC. DBA SIGNARAMA 28 N CENTRAL AVE HARTSDALE, NY 10530</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured (914)328-3111</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 90-1020605</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>VILLAGE OF IRVINGTON 85 MAIN STREET IRVINGTON, NY 10533</p>	<p>3a. Name of Insurance Carrier TRAVELERS CASUALTY AND SURETY COMPANY</p> <p>3b. Policy Number of entity listed in box "1a" UB-1N586817-21</p> <p>3c. Policy effective period 01/07/2021 to 01/07/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <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 Workers' 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: Michael James Mulligan
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Michael J. Mulligan* 09/01/2021
(Signature) (Date)

Title: 2VP BI Small Commercial Operations

Telephone Number of authorized representative or licensed agent of insurance carrier: (877) 677-0428

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.



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) WESTCHESTER MARKETING GROUP INC. DBA SIGNARAMA 28 N CENTRAL AVE HARTSDALE, NY 10530 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 914-328-3111 1c. Federal Employer Identification Number or Social Security Number 901020605
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, New York 10533	3a Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT 3b Policy Number of Entity Listed in Box "1a" LNY792727 3c Policy effective period 01-01-2021 to 12-31-2021
4. Policy provides the following benefits: <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.	
5. Policy covers: <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 09-01-2021

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)

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.





WESTMAR-01

SHIEMAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2021

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: Ana Shiemke		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: Ana.Shiemke@Hylant.com		
INSURED Westchester Marketing Group, Inc. dba Signarama 28 North Central Avenue Hartsdale, NY 10530	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Selective Insurance Co of SC		19259
	INSURER B :		
	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	<input checked="" type="checkbox"/> 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			S 2209002	1/10/2021	1/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/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 2209002	1/10/2021	1/10/2022	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			S 2209002	1/10/2021	1/10/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			S 2209002	1/10/2021	1/10/2022	Contents 205,400
A	Special Form/RC			S 2209002	1/10/2021	1/10/2022	BI/EE ALS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Policy includes blanket Additional Insured in respects to the general liability when required by written agreement, subject to policy provisions.

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

SIGN AND AWNING WORK SHEET #1



ALLOWABLE SIGN AND TEMPORARY SIGN WORKSHEET

Project Information:

Address: 10-B South Broadway
 Unit # 10-B
 PID # _____
 Acct# _____
 S/B/L/P _____

Building Criteria

Const. Classification: _____
 Use Classification: Store
 Frame Type: Aluminum
 Fuel Type: Gas
 Heating System: _____
 Fire Sprinkler: _____
 Yes: ☒ No: _____

Owner Information:

Name: Thomas Fatib Realty Corp
 Street Address: 592 Pacific St.
 Town/State/Zip: Brooklyn, NY 11217
 Email Address: Mickfat@aol.com
 Phone Number: 914-523-2492

Tenant Information:

Name: _____
 Street Address: Sunnyside Cleaners (Unicca Usa Limited)
 Town/State/Zip: 10-B South Broadway
 Email Address: Irvington, NY 10533
 Phone Number: 914-693-0405

FOR SIGNS IN THE BUSINESS, INDUSTRIAL, RAILROAD DISTRICT

EXISTING CONDITIONS AND ALLOWABLE SIGN COVERAGE							
ALLOWABLE SIGN COVERAGE CALCULATION							
BUSINESS FRONTAGE		<u>16 IN FEET</u>					
		<u>X 12 FEET</u>					
EQUALS		<u>192</u>					
		<u>X .25</u>					
EQUALS		<u>48</u>		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							
WINDOW #	WIDTH	HEIGHT	TOTAL		ALLOWABLE		
WINDOW #1	2.25	x 4.916	11.061	sqft	0.3	3.3183	sqft
WINDOW #2	2.583	x 5.916	15.281	sqft	0.3	4.5843	sqft
WINDOW #3	4.375	x 5.916	25.883	sqft	0.3	7.7648	sqft
WINDOW #4	4.916	x 5.916	29.083	sqft	0.3	8.7249	sqft
WINDOW #5	0	x 0	0	sqft	0.3	0	sqft
WINDOW #6	0	x 0	0	sqft	0.3	0	sqft
WINDOW #7	0	x 0	0	sqft	0.3	0	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	24.392	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 South Broadway
 Unit # 10-B
 PID # _____
 Acct# _____
 S/B/L/P _____

Owner Information:

Name Thomas Fatato Realty Corp
 Street Address 592 Pacific St.
 Town/State/Zip Brooklyn, NY 11217
 Email Address mickfatato@aol.com
 Phone Number 914-523-2492

Tenant Information:

Name Sunnyside Cleaners (Unicca Use)
 Street Address 10-B South Broadway
 Town/State/Zip Irvington, NY 10533
 Email Address _____
 Phone Number 914-693-0405

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	DISCUSSION OF SIGN		WIDTH	HEIGHT	SQ FT	DISCUSSION OF SIGN
SIGN "A"	1.1	1	1.1	Sunnyside Cleaners Sign	SIGN "1"	10	2.166	21.66	Prime Time Collect
SIGN "B"	2.666	1.083	2.887278	Electric Organic Dry Cleaner Sign.	SIGN "2"			0	
SIGN "C"	2	0.75	1.5	Electric Open Sign.	SIGN "3"			0	
SIGN "D"	1.916	2.666	5.108056	Alterations and Repairs Sign.	SIGN "5"			0	
SIGN "E"	1.916	2.5	4.79	Wash and Fold.	SIGN "6"			0	
SIGN "F"			0		SIGN "7"			0	
SIGN "G"			0		SIGN "8"			0	
SIGN "H"			0		SIGN "9"			0	
SIGN "I"			0		SIGN "10"			0	
SIGN "J"			0		SIGN "11"			0	
SIGN "K"			0		SIGN "12"			0	
25.28533				TOTAL EXISTING PERMANENT SIGN	21.66				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	DISCUSSION OF SIGN		WIDTH	HEIGHT	SQ FT	DISCUSSION OF SIGN
SIGN "TA"	2	1.5	3	Leather, Suede, Fur and Rugs Sign.	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	
3				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

ATTENTION: BEFORE APPROVAL, PLEASE CHECK FOR CORRECT SPELLING (Including Phone Numbers, URL's, Etc.), SIZE, QUANTITY AND OTHER DETAILS
COLORS ARE APPROXIMATE UNLESS MATCHED USING PANTONE® MATCHING SYSTEM (Fees Apply)



Quantity: 1
Dimensions: 26"h x 120"w
Sign Type: Digital Print on Aluminum
Sign Panel
Color(s): Blue, White, Red, Grey
Installation: Yes
Customer Requirement(s):

ANY LOGO(S) THAT ARE RE-CREATED FOR THE PROJECT ARE SOLE PROPERTY OF SIGNARAMA HARTSDALE UNLESS A LOGO RELEASE FEE IS PAID

EACH JOB IS ALLOWED (1) ONE REVISION, A REVISION FEE OF \$75 WILL BE CHARGED THEREAFTER

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www.signarama-hartsdale.com

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BY: **Kyle W Brauer** DATE: **10/19/2021**



This sign intended to be installed in accordance with the requirements of
Article 600 of the National Electrical Code and / or other applicable local codes.
This includes proper grounding and bonding of the sign. (Where Applicable)

Client:	Artinian
Consultant:	Michael Lang
Job Number:	5772
Page: 1/1	Proof Version: 1
File Name:	SignPanel_proof.pdf

**ATTENTION: BEFORE APPROVAL, PLEASE CHECK FOR CORRECT SPELLING (Including Phone Numbers, URL's, Etc.), SIZE, QUANTITY AND OTHER DETAILS
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BY: **Kyle W Brauer** DATE: **10/19/2021**



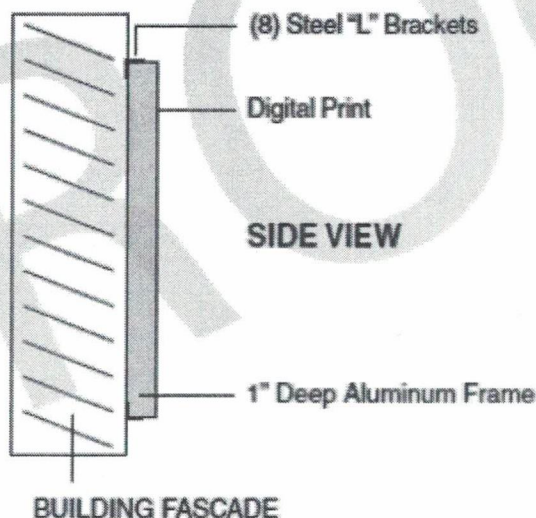
This sign intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and / or other applicable local codes. This includes proper grounding and bonding of the sign. (Where Applicable)

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Method of
Attachment



Quantity: 1
 Dimensions: 26"h x 120"w
 Sign Type: Digital Print on Aluminum
 Sign Panel
 Color(s): Blue, White, Red, Grey
 Installation: Yes
 Customer Requirement(s):

ANY LOGO(S) THAT ARE RE-CREATED FOR THE PROJECT ARE SOLE PROPERTY OF SIGNARAMA HARTSDALE UNLESS A LOGO RELEASE FEE IS PAID

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BY: Kyle W Brauer DATE: 10/26/2021



This sign intended to be installed in accordance with the requirements of
 Article 600 of the National Electrical Code and / or other applicable local codes.
 This includes proper grounding and bonding of the sign. (Where Applicable)

Client:	Artinian
Consultant:	Michael Lang
Job Number:	5772
Page: 1/1	Proof Version: 2
File Name:	SignPanel proof2.pdf