



For Use by Permitting Coordinator:

Date Received: _____

Determination of Completeness: _____

Additional Information Received: _____

Application Withdrawn: _____

**TOWN OF STURBRIDGE
APPLICATION FOR PERMANENT SIGN**

REVISED 2/07/11

Site: 118 Main St Sturbridge
Location (Street Number and Street Name)

Section 1. Applicant/Owner/Agent Information:

A. Applicant:

Business Name: Diversified Sign + Design

Applicant Name: Gail Chandler

Address: 29 Southbridge Rd
Charlton MA

Phone: 508-248-4865 Fax: Zoom 774-230-3265

Email: gailchic@aol.com

B. Property Owner:

Name: Harrington Healthcare

Address: 100 South St
Southbridge MA

Phone: 508-765-9771 Fax: _____

Email: CValley@Harringtonhospital.org

RECEIVED

AUG 31 2020

**DESIGN REVIEW
COMMITTEE**

C. Agent Information:

Business Name: Diversified Design
Agent: Gail Chandler
Address: 29 Southbridge Rd
Charlton, MA 01507
Phone: 508-248-4865 Fax: _____
Email: gailchie@aol.com

Section 2. Basic Site and Project Information:

A. Assessor's Parcel Identification Numbers: 415-03448-118

B. Proposed Sign Information:

Please provide a general description of the sign and location of the sign (attach additional sheets if necessary):

install 24 sq ft Aluminum Sign to building Face

C. Note any current zoning or general bylaw non conformance associated with the property or the application:

NONE

D. Note any special permit or variances granted or denied or in process at this time:

NONE

Section 3. Required Application Submittals: The applicant shall submit one original set and six copies of the application and final drawings and one set of materials at the time the application is submitted to the Town Planner. The following information must be submitted with the application for a sign permit for new signs and changes to existing signs: (At its discretion, the DRC may substitute some requirements with a site visit).

- A Site Plan showing property lines, setback areas, access points, traffic flow and a scaled site plan showing property lines, appropriate front, side, and rear yard setbacks as identified in the Zoning bylaw, pedestrian and vehicular access and existing buildings and significant site objects and features, and the existing and proposed sign locations shall also be shown.
- A drawing of the proposed structure or sign, including color and type of surface materials, showing front elevations, rear elevations, and side elevations, where there are not adjoining buildings. The drawing should accurately convey the design of the sign including lettering styles, size, and composition. The location, font, and contrasting color of the street number shall be easily read by emergency personnel and patrons/visitors.
- A description of the materials, colors, and lighting, (if the sign is to be lit), to be used in the modification of an existing sign or construction of a new sign. The presentation of photographs showing the existing signs to be modified would be helpful. Samples of the colors of the proposed sign and materials to be used for the construction of the signs and supports shall also be submitted.
- Scale drawings of the proposed sign, (whether the modifications of an existing sign, or the provision of a new sign) shall be submitted, including a plan view and an architectural elevation of each side. One architectural elevation will suffice if all sides are identical. All drawings shall include dimensions indicating the length, width, and height of the proposed signage as appropriate to the information conveyed by plan or elevation. Applicants shall review the Town of Sturbridge Zoning Bylaw for detailed information on zoning limitations and requirements relative to their signage situation prior to designing any new proposed signs. The Bylaw may be accessed on line at the following link:
http://www.town.sturbridge.ma.us/Public_Documents/SturbridgeMA_PlanningDocuments/Zoning%20Bylaw%202010?FCItemID=S02B54AC5

- Planting plan, with descriptions of materials. Planting plan identifying the proposed plant material and quantity of each by location on plan; an overall plant list, which at a minimum identifies total quantities of each plant used; botanical and common name for each plant, and size of the plant material at time of installation.
- Photographs of existing signage on the site and the building will aid the DRC in making its decision and are required as a submittal.

Section 4. Required Signatures:

A. Applicant: Harrington Hospital

Gail Chandler
 Applicant or Authorized Signatory

8/28/20
 Date

B. Property Owner: I hereby grant permission for the applicant to apply for and erect the signs as proposed on the above referenced property.

D. Rink
 Owner or Authorized Signatory

8-28-20
 Date

C. Agent: If someone is representing the applicant or the owner, the applicant must designate such representative below:

Name of Representative: Gail Chandler / Diversified Design

Address of Representative: 29 Southbridge Rd
Charlton, MA 01507

Phone: 508-248-4865 Fax: _____

Email: gailchic@aol.com

Relationship of representative to owner or applicant: Sign Installer

Finance Director/Tax Collector: I certify that the taxes are current for the above property (applicant must obtain this signature prior to submission of this application)

Ken But

Authorized Signatory

08/31/2020

Date

*For 118 Main St. Sturbridge
Harrington Hospital*