

For Use by Permitting Coordinator:

Date Received: 2/25/19

Determination of Completeness: 2/21/19 4mb.

Additional Information Received: _____

Application Withdrawn:

RECEIVED

TOWN OF STURBRIDGE APPLICATION FOR PERMANENT SIGN

REVISED 2/07/11

| site: 392 Main St. Unit 4 |
|---|
| Location (Street Number and Street Name) |
| |
| |
| Section 1. Applicant/Owner/Agent Information: |
| A. Applicant: |
| Business Name: The Valoor Shoppe |
| Applicant Name: Robert Armstrong |
| Address: 13 Black Point Rd. |
| Webster, MA 01570 |
| Phone: (774) 200-9341 Fax: |
| Email: urmstrongeramica ad com |
| |
| B. Property Owner: |
| Name: OV Storbilde Dealty |
| Address: 13 catala finala |
| Warresty MA 0160? |
| Phone: 777 232 7775 Fax: 7799 7268276 |
| Email: George & p. 224 West No @ Comail Com |

| C. Agent Information: | |
|------------------------------------|--|
| Business Name: | |
| Agent: | |
| Address: | |
| | |
| | Fax: |
| Email: | |
| | |
| Section 2. Basic Site an | d Project information: |
| A. Assessor's Parcel Ide | entification Numbers: <u>4/15-02457・04</u> |
| , | |
| 1-32" x 120" replica 1-12" x 24" | mation: al description of the sign and location of the sign (attach additional sheets if necessary) Aluminum Framed Sign w/ create trim at of existing sign Aluminum wall sign at of existing sign |
| C. Note any current zon | ning or general bylaw non conformance associated with the property or the |
| none | |
| | |
| | |
| | |
| | |

| | e Mc | |
|---------------------------|-------------|--|
| | | |
| | | |
| | | |
| | | |
| | - | |
| application Planner. T | and he f | Lired Application Submittals: The applicant shall submit one original set and six copies of the diffinal drawings and one set of materials at the time the application is submitted to the Town collowing information must be submitted with the application for a sign permit for new signs and sting 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. |
| | Ø | 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 |

| quantity of e quantities of | ach by location on plan; an overa | Il plant list, which at a minimum identifies to | otal |
|--|---|--|-----------|
| | s of existing signage on the site are required as a submittal. | e and the building will aid the DRC in ma | king its |
| Section 4. Required Signatu | ıres: | | • |
| A. Applicant: | V. A. | 2/6/19 | |
| Applicant or Authorized Sign | atory | non plan; an overall plant list, which at a minimum identifies total ad; botanical and common name for each plant, and size of the plant ion. signage on the site and the building will aid the DRC in making its d as a submittal. Date Date | |
| B. Property Owner: I herek on the above referenced pr Owner or Authorized Signat | of existing signage on the site and the building will aid the DRC in making its are required as a submittal. Test: Date Organit permission for the applicant to apply for and erect the signs as proposed perty. | | |
| C. Agent: If someone is reprebelow: Name of Representative: | esenting the applicant or the owr | ner, the applicant must designate such repre | sentative |
| | | UFP-1999-1 | |
| Address of Representative: | | | |
| | | | |
| Phone: | Fax: | | |
| Email: | | | |
| Relationship of representative | to owner or applicant: | | |

| obtain this signature prior to submission of this ap | | / |
|--|-------|----|
| Dorah Tillorne | 2/25/ | (9 |
| Authorized Signatory | Date | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Design Review Committee Decision

| Α. | APPLIC | ANT | | | | | |
|----------|----------------------|--|--|--|--|--|--|
| | Name | | | | | | |
| | Address | | | | | | |
| | Telephone | No. | | | | | |
| В. | SIGN D | IMENSIONS AND LAYOUT | | | | | |
| | Overall Dimension | 32"h x 120"w Area 26-66 sf. | | | | | |
| | Colors | Printed Decal - See Sample | | | | | |
| | Lettering | | | | | | |
| | Materials | ACM / Aluminum | | | | | |
| | Other | | | | | | |
| C. YE | | DRMANCE WITH DESIGN STANDARDS | | | | | |
| | 0 | Signs with associated architectural details, materials, colors and textures are compatible with the predominant architectural character of the neighborhood, while preserving and enhancing the surrounding area. | | | | | |
| | Q | Advertising features, including size, location, design, color, texture, lighting and materials, shall not detract from the use and enjoyment of the proposed building and structures and the surrounding properties. | | | | | |
| | | Preservation of historic, traditional or significant uses, structures or architectural elements have been preserved to the greatest extent possible. | | | | | |

| D. Summary of Recommendations: | | | | |
|--|--|--|--|--|
| e Design Review Committee has reviewed the above referenced sign application at its meeting held on and the sign(s) as proposed have been: Approved as proposed Approved with the following comments or modifications: | | | | |
| Approved as proposed | | | | |
| Approved with the following comments or modifications: | eview Committee has reviewed the above referenced sign application at its meeting held on and the sign(s) as proposed have been: d as proposed d with the following comments or modifications: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ••• | | | |
| Authorized Signatory | Date | | | |

Zoning Enforcement Officer/Building Inspector Decision: Approved as proposed Approved with the following comments or modifications: Denied due to the following: Authorized Signatory Date

Attach Additional Sheets as Necessary



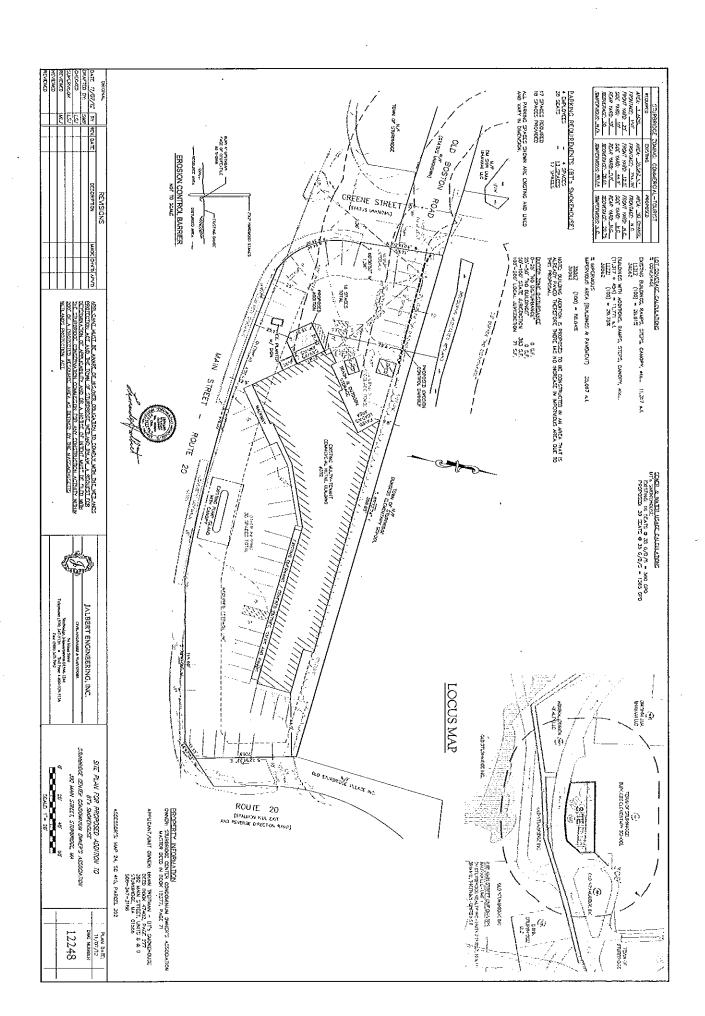
CERTIFICATE OF LIABILITY INSURANCE

02/20/2019

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.

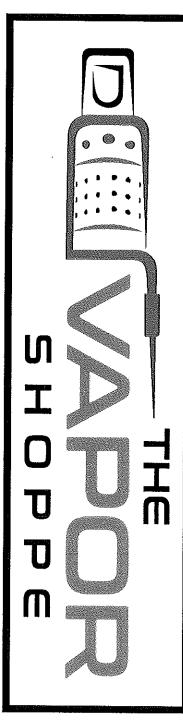
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements).

| th | is certificate does not confer rights t | o the | | | | |) | , | |
|---|--|---------------|--------------|---|-----------------------------|---------------------------|-----------------------|--|--|
| | OUCER THOUSE ASSOCIATION OF ASSOCIAT | | 860 | 0-928-0811 | CONTA NAME: | ст | | | |
| ARCHAMBAULT INSURANCE ASSOC. 143 Providence St. PO Box 153 | | | | PHONE (A/C. No | s, Ext): 860-92 | 28-0811 | FAX (A/C, No): 860 | -928-6462 | |
| Puti | nam, CT 06260-0153 | | | | E-MAIL ADDRE | SS. | | i proping. | |
| | | | | | - rapine | | IIRERISI AFFOR | DING COVERAGE | NAIC# |
| | | | | Meno | | uto Insurar | | 14923 | |
| INSU | RED | | | * | | | u mourar | | |
| Graj | RED hics Unlimited LLC Perry | | | | INSURE | | | | |
| Ď, | Perry Box 262 fret, CT 06258 | | | | INSURE | | | | |
| OH! | 1100, O 1 00200 | | | | INSURE | | | | |
| | | | | | INSURE | | | 17 Y 17 - 17 - 1 | 100- |
| | | | | · · · · · · · · · · · · · · · · · · · | INSURE | RF: | | | |
| | | | | E NUMBER: | | | | REVISION NUMBER: | |
| IN CI | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTMTHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | EQUIF PERT | REME AIN. | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN' ED BY | y contract The policie | OR OTHER I | DOCUMENT WITH RESPECT TO AL | O WHICH THIS I |
| NSR LTR | TYPE OF INSURANCE | ADDL INSD | | | | POLICY EFF | | LIMITS | |
| A | X COMMERCIAL GENERAL LIABILITY | 1 | | | | | | EACH OCCURRENCE \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | 1 | } | PBP2817053 | | 01/01/2019 | 01/01/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100,000 |
| | | | | | | | | MED EXP (Any one person) \$ | 5,000 |
| | | 1 | | - | | | | | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | 2,000,000 |
| | POLICY PRO- LOC | | | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | | | | | | | | PRODUCTS - COMP/OP AGG \$ | _,000,000 |
| A | OTHER: | | ł | | | | | COMBINED SINGLE LIMIT | 1,000,000 |
| | X ANY AUTO | | | DADDAGGOOD | | 4010410040 | 4010410040 | (Ea accident) \$ | 1,000,000 |
| | OWNED SCHEDULED | | | BAP2466223 | | 12/31/2018 | 12/31/2019 | BODILY INJURY (Per person) \$ | |
| | | 1 | | | | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS ONLY AUTOS ONLY | 1 | | | | : | 1 | PROPERTY DAMAGE (Per accident) \$ | |
| • | | <u> </u> | _ | | | | | \$\$ | |
| Α | UMBRELLA LIAB X OCCUR | | | DDD0047076 | <u> </u> | | EACH OCCURRENCE \$ | <u>-</u> | |
| | EXCESS LIAB CLAHAS-MADE | ₹ | | PBP2817053 | | 01/01/2019 | 01/01/2020 | AGGREGATE \$ | 1,000,000 |
| | X DED RETENTIONS 0 | <u> </u> | | | | | | s | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | | | | | X PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | WCP2266599 | } | 01/01/2019 | 01/01/2020 | EL EACH ACCIDENT \$ | 100,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | n/A | | | | | - | ELL DISEASE - EA EMPLOYEE \$ | 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | 1 | | | | EL DISEASE - POLICY LIMIT \$ | 500,000 |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| | | 1 | | 1 | | | | } | ļ |
| DESC | PRIDTION OF OPERATIONS 11 OCATIONS (MEMO | 1 1 E C ** | ACOD! | 101 Additional Parada Calada | do mont | o attached if | n ennen !: | nd) | |
| いこなり | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (# | CORI | יטו, Additional Remarks Schedu | ne, may b | e attached if mor | re space is requir | ed) | |
| | | | | | | | | | |
| | | | | | | | | | , |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | |
| | | | | | | | | | |
| | | | | | | | | ESCRIBED POLICIES BE CANC | |
| Town of Sturbridge | | | | THE | EXPIRATION ORDANCE WIL | N DATE THE | EREOF, NOTICE WILL BE | DELIVERED IN | |
| | | | | ^00 | OWDAMOE MI | III IIIE FOLIC | T T NO YIGIOHO. | | |
| | 308 Main St | | | | ALITHODIZED DEDDECENTA TRIE | | | | |
| | Sturbridge, MA 01566 | | | | | Mars 2 Cularibant | | | |
| | | | | | V | Marc o | L Clarke | asubaull | |
| | | | | | <u> </u> | | - 0000 | | |





- COPYRIGHT 2019 GRAPHICS UNLIMITED LLC ALL RIGHTS RESERVED



32" x 120" Framed sign - ACM w/ ornate trim Mounted in place of existing sign - গ,621.88

26-60#



12" x 24" ACM wall sign \$63.18



8.5" x 16" Printed Decal Applied to glass door \$22.67

Sub Total \$1,707.73

Installation

Tax \$2,414.46 \$600.00 \$106.73

Dimensions, spelling, colors and quantity approved for production.

AGREEMENT OF TERMS & CONDITIONS OF SALE | APPROVE AND AUTHORIZE THE DESIGN AND COST OF THIS PURCHAGE AS PRESENTED TO ME. NO CANCELLATIONS ACCORTED PRIOR TO COMPLETION, CRAPHAGS UNLIMITED, LLC SNOT RESPONSIBLE FOR OBTINATION SAY, PERMISSION, OR OTHER REQUIREMENTS AS SPECIFIED BY TOWN ORDINANCES OR PROPERTY OWNERS IF APPLICABLE. THIS SHALL BET THE SOLE RESPONSIBILITY OF THE CUSTOMER, PAYMENT IN PALL SECOND FOR OWNERD PROVINCES WILLIES UNLIMITED, LLC OFFERS NO SECOND AS SECOND ASSOCIATED AS OFFERS OF A STRANDED BY LAW OWNERD BY CHAPHOS UNLIMITED, LLC OFFERS NO SECOND AS THE COLLICION OF SHAMENT IN PALL WILL BE ADOED TO THE OUTSTONES AND SHALL BE ADOED TO SHALL BE ADOED TO

Like to place this order? Approved by

THE GRAPHICS UNLIMITED GROUP



GUsigns.com

Dudley, Massachusetts GraphicsUnlimited@Verizon.net 7 West Main St. 508-949-1541

Invoice # 44-079

The Vapor Shoppe

armstrongceramic@aol.com 508-943-3720 Robert

in any fashion until transferred a project being planned for you drawing created by Graphics Unlimited, LLC. It is submitted for your organization, nor is it to be be shown to anyone outside your by Graphics Unlimited, LLC. It is not to personal use in connection with reproduced, capied or exhibited This is an original unpublished

Remit Payment To:

Graphics Unlimited Dudley, Ma 0157 7 West Main St

Graphics Unlimited on tacobook Like us at



NUMBER OF THE FOLLOWING TRACE OF CANCATIONS

NO BOND Clamber No WOE IN THE USA



Award Winning Designers and Fabricators of Quality Signs Since 1988

COPYRIGHT 2019 GRAPHICS UNLIMITED LLC ALL RIGHTS RESERVED -



32" x 120" Framed sign - ACM w/ ornate trim Mounted in place of existing sign - \$1,621.88

26.60#



12" x 24" ACM wall sign \$63.18



8.5" x 16" Printed Deca Applied to glass door

Sub Total \$1,707.73 \$106.73

Installation \$600.00

\$2,414.46

Dimensions, spelling, colors and quantity approved for production.

IS NOT RESPONSIBLE FOR OFFINANCIS SIGN PERMITS WARMACES PERMISSION, OR OTHER REQUIREMENTS AS SPECIFED BY TOWN ORDINANCES OR PROPERTY OWNERS IF APPLICABLE. THIS SHALL BE THE SOLE RESPONSIBILITY OF THE CUSTOMER.
PAYMENT IN PALL IS REQUIRED UPON COMPLETION, GRAPHICS UNLIMITED LIC OFFERS NO EXTENDED PAYMENT TERMS UNLESS DESCRIBED ABOVE. ALL INVOICES ARE SUBJECT TO THE ORIGINATE APPLICABLE HITERST RATE ALLOWED BY LAW
COMMENCING FROM THE DATE OF COMPLETION, ALL EXPENSES INCURRED BY GRAPHICS UNLIMITED, LIC OR THE CUSTOMER PAYMENT IN PLIL WILL BE ADDED TO THE CUSTOMERS INVOICE AND SHALL BE PAD BY THE CUSTOMER AS SERVICE OF A SERVICE AND SHALL BE PAD BY THE CUSTOMER IN COMPLETION OF A SERVICE CHARGE OF \$ 3,000 WILL BE APPLIED TO ALL RETURNED CHECKS, GRAPHICS UNLIMITED, LIC IS NOT BE RESPONSIBLE FOR TIEMS LEFT FOR OVER 30 DAYS, IFEMS BECOME THE PROPERTY OF GRAPHICS UNLIMITED.

LIC, AND MAY BE SOLD OR BUSCARDED. AGREEMENT OF TERMS & CONDITIONS OF SALE I APPROVE AND AUTHORIZE THE DESIGN AND COST OF THIS PURCHASE AS PRESENTED TO ME. NO CANCELLATIONS ACCEPTED PRIOR TO COMPLETION, GRAPHICS UNLIMITED, LIC

Like to place this order? Approved by

THE GRAPHICS UNLIMITED GROUP



GUsigns.com

Dudley, Massachusetts 7 West Main St. 508-949-1541

GraphicsUnlimited@Verizon.net

Invoice # 44-079 2-20-19

The Vapor Shoppe

armstrongceramic@aol.com 508-943-3720 Robert

organization, nor is it to be be shown to anyone outside your a project being planned for you in any tashion until transferred. reproduced, copied or exhibited by Graphics Unlimited, LLC. It is not to personal use in connection with LLC. It is submitted for your drawing created by Graphics Unlimited, This is an original unpublished

Remit Payment To:

Graphics Unlimited Dudley, Ma 0157 7 West Main St.

Graphics Unlimited on facebook Like us at



ussc Chamber Proper design

MADE IN THE USA