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FEB - 3 2021

## SUBMISSION REQUIREMENTS FOR SIGNS, AWNINGS AND CANOPIES

Definition of Signs, Awnings and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising sign or business sign of whatever shape, size or character.

Applicant Name: Maria Ramirez Date Filed: 12/29/2020

Property Address: 218 Ashford Ave Dobbs Ferry NY. 10522

Check Application Type (may be more than one):

☒ Sign ☐ Awning ☐ Canopy

Description of Proposed Work:

Laminated printed graphic sign

A copy of this completed form is to be included as a cover sheet for submissions to the AHRB.

In the table below, please indicate the type of submission by checking the applicable box or boxes indicated. Items denoted \* in the column below your project type are the minimum required items for a complete application to the AHRB. Please indicate the type of submission. Please indicate by initialing each box in the appropriate column confirming that the information has been submitted. Do not initial for items if they are not included.

The AHRB reserves the right to ask for any additional information as specified on this form, if not included in the initial application, and may deem the application incomplete and not ready for review until this information is included. Resubmissions should reflect all comments made at the previous meeting and should be indicated with a note or a bubble on the plan, and shall include any additional requested information.

| Initial Below<br>↓ | <input checked="" type="checkbox"/> Sign | <input type="checkbox"/> Awning | <input type="checkbox"/> Canopy | <input type="checkbox"/> Freestanding Sign* | ← Check Box (or Boxes) Above Appropriate Columns |
|--------------------|--|---------------------------------|---------------------------------|---|--|
|                    |  |                                 |                                 |   |  |

## REQUIRED PLAN AND DOCUMENT SUBMISSION

1 PDF & 2 Paper COPIES OF EACH ITEM  
(unless otherwise specified)

|           |   |   |   |   |   |
|-----------|---|---|---|---|---|
| <u>MR</u> | • | • | • | • | Detailed design/construction drawings of each proposed sign, awning or canopy, at a legible and measurable scale. |
| <u>MR</u> | • | • | • | • | Dimensions including height, length, thickness and depth of each proposed sign, awning or canopy.                 |
| <u>MR</u> | • | • | • | • | Proposed lettering, colors and graphics.  |
| <u>MR</u> | • | • | • | • | Dimensions of letter heights and sentence lengths.  |

CONTINUED ON NEXT PAGE

## REQUIRED PLAN AND DOCUMENT SUBMISSION

1 PDF &amp; 2 Paper COPIES OF EACH ITEM

(unless otherwise specified)

| Initial Below | Sign                                | Awning                   | Canopy                   | Freestanding Sign*       |
|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| MR            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |   |   |   |    |
|---|---|---|---|---|----|
| Sections through important elevations and typical trim at a scale to clearly show profiles, trims, corners and their sizes.   | • | • | • | • | MR |
| Proposed method of attachment to the building.  | • | • | • | • | MR |
| Building elevations and/or photo simulations showing the location of all proposed signs, awnings, canopies, proposed lighting and existing signs. Indicate height and width dimensions of storefront, ground plane location, height of all new work above ground plane. | • | • | • | • | MR |
| Clear, color photos of the existing building / premises showing existing conditions.  | • | • | • | • | MR |
| Clear, color photos of the existing streetscape: to include 2 stores to the left and 2 stores to the right of the proposed site and the 5 stores directly across the street.  | • | • | • | • | MR |
| Material, finish and color schedule is included on submitted plans.   | • | • | • | • | MR |
| Specification sheet for each new exterior light fixture.  | • | • | • | • |    |
| Provide a note on plan indicating that all lighting shall comply with section 300-4.1   | • | • | • | • |    |
| (One set only) Actual material, finish and color samples to be presented at AHRB meeting.   | • | • | • | • |    |
| Proposed location of freestanding sign on site plan, including landscaping and lighting.*   | • |   |   |   |    |

\* Freestanding signs to be reviewed and approved only in the DG or CP districts or with and subject to a ZBA variance.

By signing this form you are affirming that you have included all the required information listed above.

Applicant Name: Maria F. Ramirez Signature: [Signature] Date: 11/13/2021

Complete application received by the Village of Dobbs Ferry, on behalf of the Dobbs Ferry AHRB by:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Plan Submittal Form**

**RECEIVED**

**FEB - 3 2021**

Village of Dobbs Ferry  
Building Department

Address: 218 Ashford Ave Dobbs Ferry Ny.

Application #: \_\_\_\_\_

Project: Sign

Name: Maria Ramirez

Email: Maria.ramirezx2@gmail.com

Phone: (914) 396 0950

Plans attached are being submitted for:

Building permit application 1 PDF copy & 2 paper copies ¼ scale

Amendment to an application or permit, 2 sealed copies

Final As Built to close permit, 1 sealed copy

Final survey to close permit, 1 sealed copy

Plans attached are submitted at the direction of the Building Inspector for review by the following board:

BOT- 1 PDF copy + 5 paper copies ¼ scale

PB - 1 PDF copy + 7 paper copies ¼ scale

ZBA - 1 PDF copy + 4 paper copies ¼ scale

AHRB - 1 PDF copy + 2 paper copies ¼ scale

Received Stamp:





VILLAGE OF DOBBS FERRY  
112 Main Street  
Dobbs Ferry, New York 10522  
TEL: (914) 231-8500

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Village of Dobbs Ferry  
Building Department

### Affidavit of Notice

I Maria Ramirez CARDENAS

Attest to the fact that I have completed and sent via Certified Mail, the form letter to all the neighboring properties within a 200' radius of the subject property at: 218 Ashford Ave Dobbs Ferry N.Y. 10522

And attached a copy to this Affidavit.

On the 29 day January month 2021 year

And have attached the mailing list I received from the Tax Assessor's office located at 177 Hillside Ave. White Plains, NY 10607. Contact the Town Assessor's office at 914-989-1520 or [assessor@greenburghny.com](mailto:assessor@greenburghny.com)

I have noticed for the following review boards;

- ☐ Board of Trustees
- ☐ Planning Board
- ☐ Zoning Board of Appeals
- ☒ Architectural & Historic Review Board

I understand that it is my responsibility to retain Post Office proof of these mailings, should any of the listed properties claim they were aggrieved by this project and believe they were not properly noticed.

Applicant signature:

Maria Ramirez

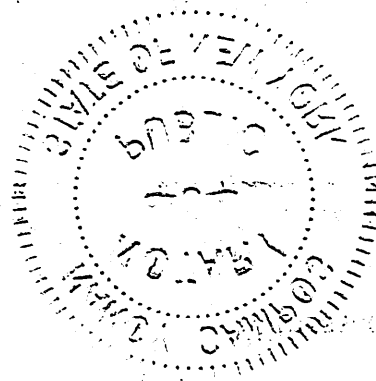
State of New York  
County of Westchester

sworn to before me this 29 of January 2021

Witnessed by Notary:

Nancy Campos

NANCY CAMPOS  
Notary Public, State of New York  
No. 5008173  
Qualified in Westchester County  
Commission Expires February 16, 2023



MEMO

TO : DIRECTOR, FBI (100-371101)  
FROM : SAC, NEW YORK (100-100000) (P)  
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

100-100000

100-100000

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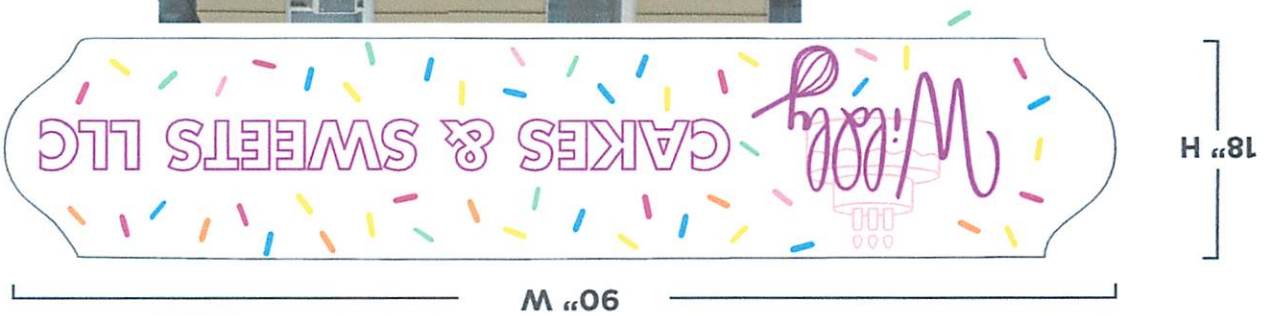
32 Carlin Street  
SI, NY 10309  
917.831.9520

# Sign Renderings

Wildly Cakes & Sweets — November 4, 2020

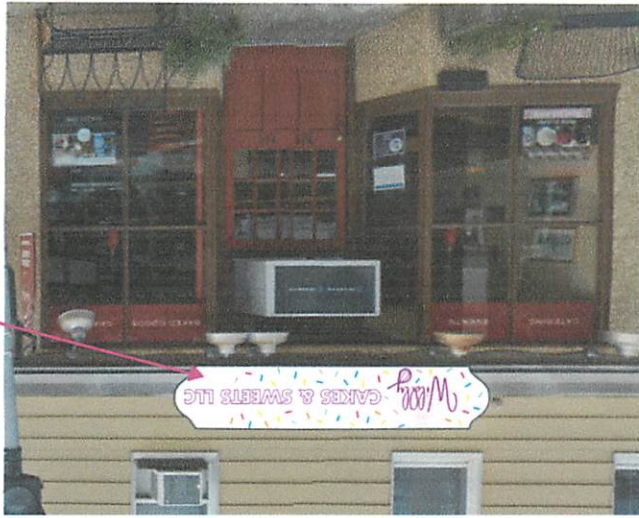


Sign will be installed  
on existing brackets.



## Sign Specs

- .5" Thick outdoor PVC
- Laminated printed graphic



Sign will be installed  
using existing brackets  
and will be bolted  
using 3/8" bolts.




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/12/2020

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).

|   |   |  |
|---|---|--|
| <b>PRODUCER</b><br><b>State Farm</b><br> | <b>State Farm Insurance</b><br>2090 Hylan Blvd<br>Staten Island, NY 10306   | <b>CONTACT NAME</b> Steven Panle, Agent<br><b>PHONE (A/C, No. Ext.)</b> 718.987.6889<br><b>FAX (A/C, No.)</b><br><b>E-MAIL ADDRESS</b> |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A</b> State Farm Fire and Casualty Company<br><b>INSURER B</b><br><b>INSURER C</b><br><b>INSURER D</b><br><b>INSURER E</b><br><b>INSURER F</b> |  |
| <b>INSURED</b><br><b>AVID SIGNS &amp; GRAPHICS INC</b>  |   | <b>NAIC #</b> 25143  |

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENTL AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER | Y         | Y        | 92-CR-T512-1  | 01/31/2020              | 01/31/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | N/A           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          | N/A           |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          | 92-CR-T515-8  | 01/31/2020              | 01/31/2021              | PER STATUTE <input checked="" type="checkbox"/> OTH-ER<br>E L EACH ACCIDENT \$ 500,000<br>E L DISEASE - EA EMPLOYEE \$ 500,000<br>E L DISEASE - POLICY LIMIT \$ 500,000  |

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

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
|  | 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<br><b>Steven Panle, Agent</b>  |

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