Plan Submittal Form

Address:	390 BROADWAY			
Application #				
Project:	STOPY SHOP ON LINE PICK-UP SIGNS			
Name:	AGNOLI SIGN CO., INC. 722 Worthington St. P. O. Box 1055 Springfield, MA 01101-1055			
Email:	CHRISTINA @ AGROLI SIGN, COM			
Phone:	413-221-6298			
Plans attache	d 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:				
No	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 ½ scale AHRB - 1 PDF copy + 2 paper copies ½ scale			
Received Star	MAR 3 1 2021 Village of Dobbs Ferry Building Department			

SUBMISSION REQUIREMENTS FOR SIGNS, AWNINGS AND CANOPIES

Definition of Signs, Awnings and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies: The construction, reconstruction, replacement or alteration of any awning, canopy, advertising signs and Canopies:								
Applicant Name: P. O. Box 1055 Springfield, MA 01101-1055 Date Filed: 3/19/2/								
Property Address: 390 BROAD WAY								
Check Application Type (may be more than one):								
Sign 🗆 Awning 🗆 Canopy								
Description of Proposed Work:								
8-18" X 24" ON LINE PICK-UP SIGNS								
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.								
□ □ □ □ ← Check Box (or Boxes) Above Appropriate Columns								
Initial Below Initia								
(unless otherwise specified)								
Detailed design/construction drawings of each proposed sign, awning or canopy, at a legible and measurable scale.								
Dimensions including height, length, thickness and depth of each proposed sign, awning or canopy.								
Proposed lettering, colors and graphics.								
Dimensions of letter heights and sentence lengths.								

CONTINUED ON NEXT PAGE

					← Check Box (or Boxes) Above Appropriate Columns	PAGE 2				
Initial	Sign	Awning	Canopy	Freestanding Sign*	REQUIRED PLAN AND DOCUMENT SUBMISSION	N				
Below		3		ndin	1 PDF & 2 Paper COPIES OF EACH ITEM					
•				Freesta	(unless otherwise specified)					
	•	•	•	•	Sections through important elevations and typical trim at a scale to clearly show profiles, trims, corners and their sizes.					
	•	•	•	•	Proposed method of attachment to the building.					
	•	•	•	•	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.					
	•	•	•	•	Clear, color photos of the existing building / premises showing existing	g conditions.				
	•	•	•	•	Clear, color photos of the existing streetscape: to include 2 stores stores to the right of the proposed site and the 5 stores directly across					
	•	•	•	•	Material, finish and color schedule is included \underline{on} submitted plans.					
	•	•	•	•	Specification sheet for each new exterior light fixture.					
	•	•	•	•	Provide a note on plan indicating that all lighting shall comply with se	ction 300-41				
	•	•	•	•	(One set only) Actual material, finish and color samples to be premeeting.	sented at AHRB				
	Proposed location of freestanding sign on site plan, including landscaping and lighting.*									
* Freestar	ndin	g sig	gns t	to b	e reviewed and approved only in the DG or CP districts or with and s	subject to a ZBA				
Applicant	Nan	ne: _);(7 24/	mas Mac Cormicle Signature:	te_3/29/21				
By signing	this	for	m yo	ou a	re affirming that you have included all the required information listed a	above.				
Complete application received by the Village of Dobbs Ferry, on behalf of the Dobbs Ferry AHRB by:										
Name					SignatureDa	te				



VILLAGE OF DOBBS FERRY

Ed Manley Building Inspector

Building Department 112 Main Street, Dobbs Ferry, NY 10522 Phone: (914) 231-8509 | Fax: (914) 693-3470

Permit Application

Applicati	ion Number_AS2021-0001		Date_03/10/2021				
Job Loca	tion_390 BROADWAY		Lot#3.80-47-2				
Owner:	STOP & SHOP SUPERMARKET COMPAN P.O. BOX 6500 LEASE ADMINISTRATION CARLISLE, PA 17013 914-400-9515	Applicant:	Agnoli Sign Company 722 Worthington St. springfield, MA 01105 413-732-5111 christina@agnolisign.com				
Application Type: Sign/Awning Estimated Cost of Construction: \$							
Description of Work: 8 - 18" x 24" On Line parking signs mounted in landscape area							
Form Q	Questions:						
Applica	ation Parcel Owner Contact:						
Parcel O	wner Email	williamercol	ini@retailbusinessservices.com				
Parcel O	wner Phone	617-7708712					



VILLAGE OF DOBBS FERRY

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

Affidavit of Notice

I_ J. Gumar MacCornick
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: 3 90 BLOAD WAY
And attached a copy to this Affidavit. On the 29 th day MARCH month 2031 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
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: Witnessed by Notary:

Christina Moreau Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires February 26, 2027

Date 3/23/2/ Via Certified Mail Dear Neighbor: This is a notification that the owner of the property located at: * 390 BROADWAY - STUPT SHOP Has filed an application with the Village of Dobbs Ferry to do the following: AHRB- Install 8-18"x24" on line pick-up
parking siens in lanscare area The applicant will present the proposal to the following checked Board/Boards at their next available meeting, please check the calendars and agendas on the village web site for the exact date they will first appear before the board: o Board Of Trustees; meet 2nd & 4th Tuesdays at 7:30 PM o Planning Board; meet 1st Thursday at 8:00 PM o Zoning Board of Appeals; meet 2nd Wednesday at 8:00 PM Architectural & Historic Review Board; meet 2nd & 4th Mondays at 8:00 PM The meetings are held in the Village Board room located at 112 Main St and the plans are on file at the Building Department. Any comments or questions pertaining to this application should be voiced at the appropriate board meeting. Owner name: Stop + Shop













