

**HASTINGS-ON-HUDSON
ARCHITECTURAL REVIEW BOARD
APPLICATION AND CHECKLIST**



Paid

The ARB meets on the 1st Monday of every month at 8:00 P.M. Please complete and submit this application along with a fee of \$25 and all the required supporting material to Hastings-on-Hudson Buildings Department, no later than two weeks before the date of the meeting.

Applicant's Name: LEO VIANA		Date: 9/22/15
Tel: 516-887-2000	Fax: 516-887-2008	E-mail: VIANA.SIGNS@VERIZON.NET
Property Owner's Name: Robert Ramos		Property Address: 42 MAIN ST., HASTING ON HUDSON, NY 10706
Brief Project Description:	BLADE SIGN / INSTALLATION & VINYL APPLICATION ON WINDOWS & DOORS	

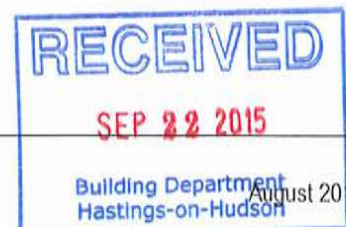
This application must be submitted in a packet with the following items. Provide eight (8) copies of each item and this application. ✓ Check off completed items:

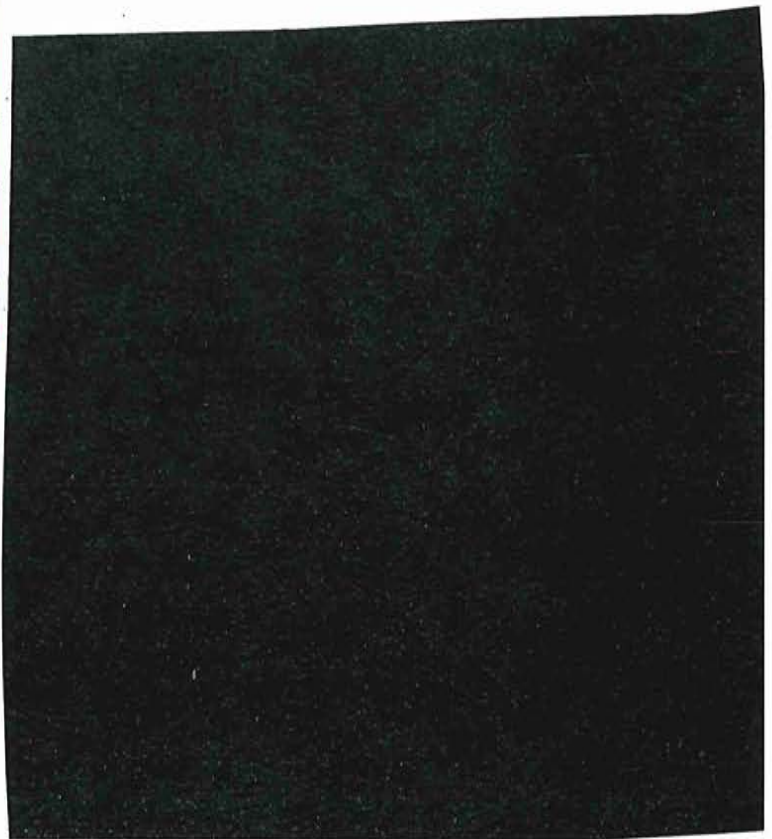
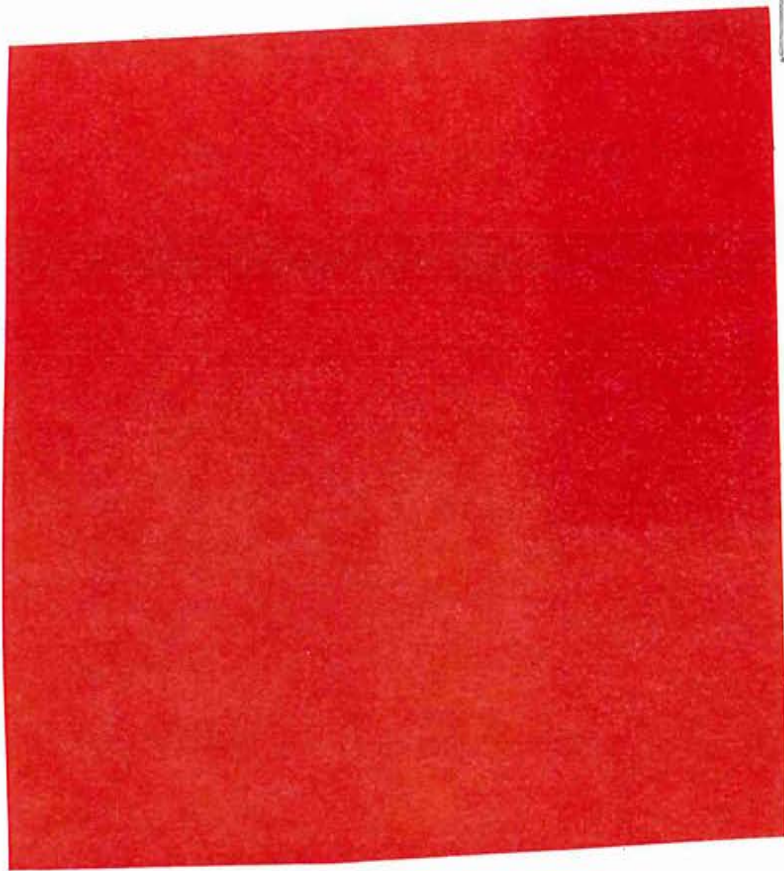
The following items are required with every application:									
1	DRAWINGS: Elevations and/or photographs with dimensions that show how the proposed elements relate to each other and to the building façade, and to adjacent facades. Identify proposed materials and colors, windows, doors, and light fixtures, if applicable. Provide details of all structures such as awnings and canopies, if applicable.								
2	PHOTOS: Photographs of the property/building. Photographs of architectural details, existing lighting, etc. Photographs (full views) of all adjacent properties.								
3	SAMPLES of all materials related to the project. For example: <table border="1" style="width:100%"> <tr> <td>Awning fabric</td> <td>Lighting cut sheets</td> </tr> <tr> <td>Paint chips</td> <td>Siding samples</td> </tr> <tr> <td>Window and door cut sheets</td> <td>Brick and stucco samples</td> </tr> <tr> <td>Other</td> <td>Other</td> </tr> </table>	Awning fabric	Lighting cut sheets	Paint chips	Siding samples	Window and door cut sheets	Brick and stucco samples	Other	Other
Awning fabric	Lighting cut sheets								
Paint chips	Siding samples								
Window and door cut sheets	Brick and stucco samples								
Other	Other								
The following additional items may be required by the Building Inspector or the ARB.									
4	ARCHITECTURAL PLANS: Including layouts at the street wall, and sidewalks, curbs, and street amenities, if applicable. Wall sections and architectural details Equipment (including roof equipment, A/C, refuse containers, etc.) if applicable								

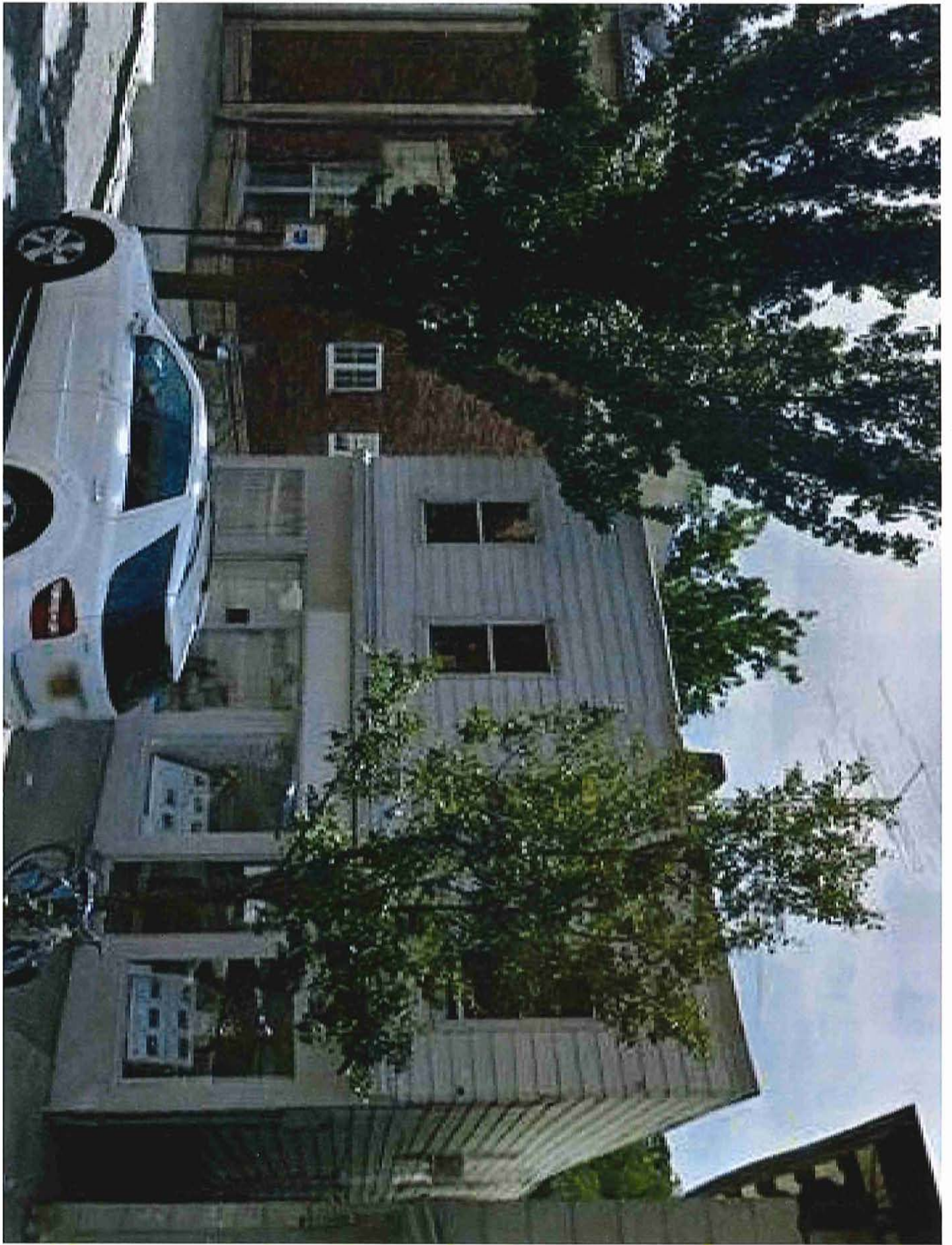
APPLICANT MUST ATTEND ARB MEETING.

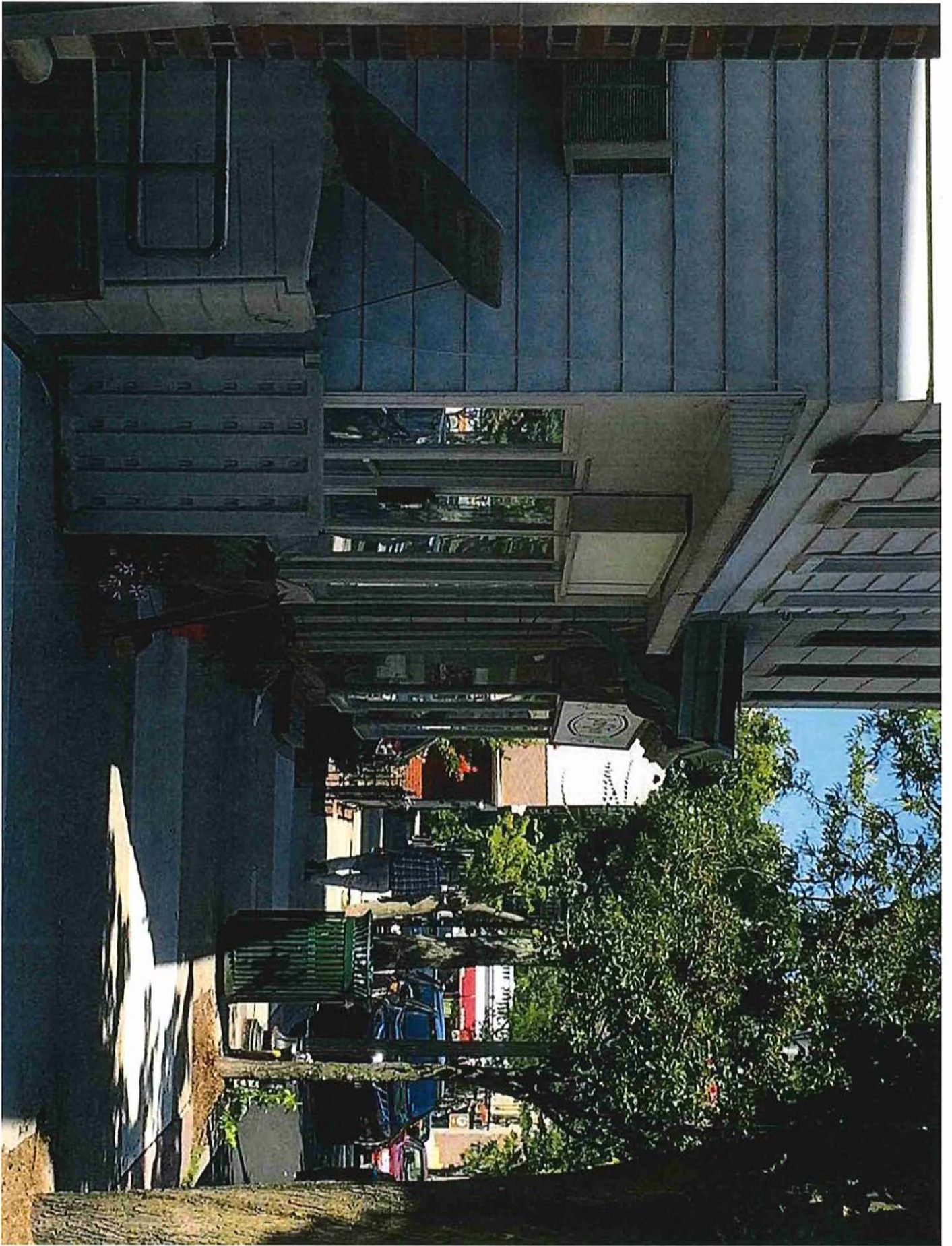
Please feel free to provide any brochures, models, photographs, renderings or other visual aids, or any additional information that might clarify your proposed project and assist in your presentation. No changes to the form, design, color, or materials of a project will be permitted after the Architectural Review Board has approved it.

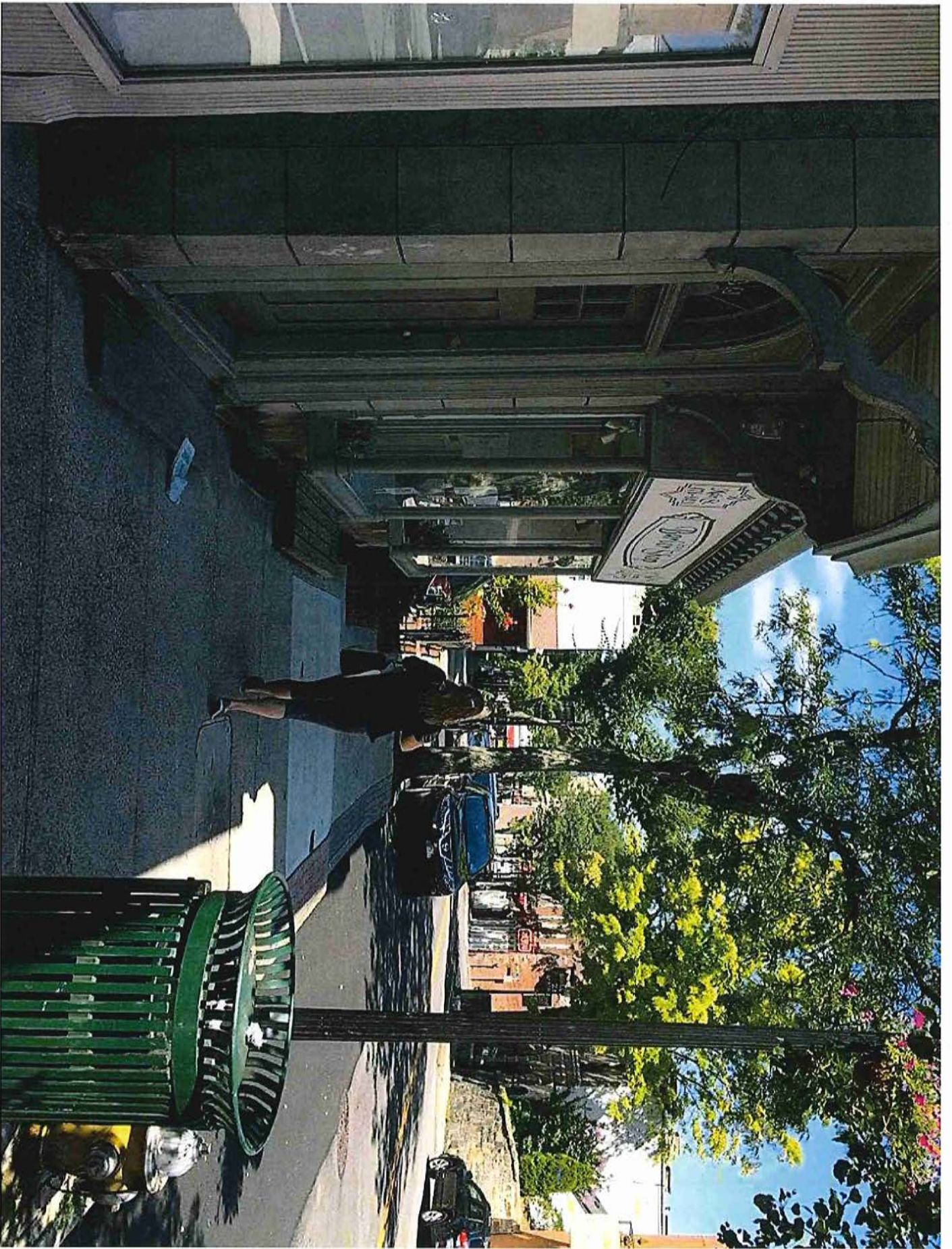
Applicant Signature/Date















CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2015

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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
Miller & Miller Insurance Agency Inc
720 Commerce Street
Thorwood NY 10594

INSURED
VIANA-1
Viana Signs Corp.
3520 Lawson Blvd
Oceanside NY 11572

COVERAGES
CERTIFICATE NUMBER: 1470626687
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 SUBR (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GL00000099577J	6/26/2015	6/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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
X	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> CLAIMS-MADE				
	GEN'L AGGREGATE LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS				
X	UMBRELLA LIAB	<input checked="" type="checkbox"/> EXCESS LIAB	CMB0000023201L	6/26/2015	6/26/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> RETENTION \$10,000				
	ANY PROPRIETOR/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				
	DESCRIPTION OF OPERATIONS BELOW					
C	DISABILITY		D240939	10/14/2014	10/14/2015	E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. EACH ACCIDENT \$ WC STATU-TORY LIMITS OTH-ER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, if more space is required)
*Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.

CERTIFICATE HOLDER
The Village of Hastings-on-Hudson
7 Maple Avenue
Hastings-on-Hudson NY 10706
AUTHORIZED REPRESENTATIVE
Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1b. Business Telephone Number of Insured 516-887-2000</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 20-1916947</p>	<p>1a. Legal Name & Address of Insured (Use street address only) Viana Signs Corp 3520 Lawson Blvd Oceanside, NY 11572</p> <p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) The Village of Hastings-on-Hudson 7 Maple Avenue Hastings-on-Hudson, NY 10706</p>
<p>3a. Name of Insurance Carrier Continental Indemnity Company</p> <p>3b. Policy Number of entity listed in box "1a" 46-856872-01-04</p> <p>3c. Policy effective period 07/25/2015 to 07/25/2016</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>	<p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</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 will also notify the above certificate holder 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.

Please Note: Upon the 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.

Paul Wickel

Approved by:

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

(Signature) *Paul Wickel*
(Date) 09/30/2015

Producer

Title:

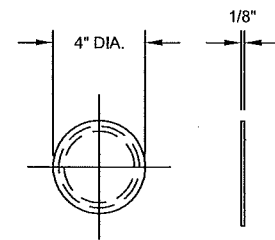
Telephone Number of authorized representative or licensed agent of insurance carrier: 516-488-3040

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.
C-105.2 (9-07)
www.web.state.ny.us

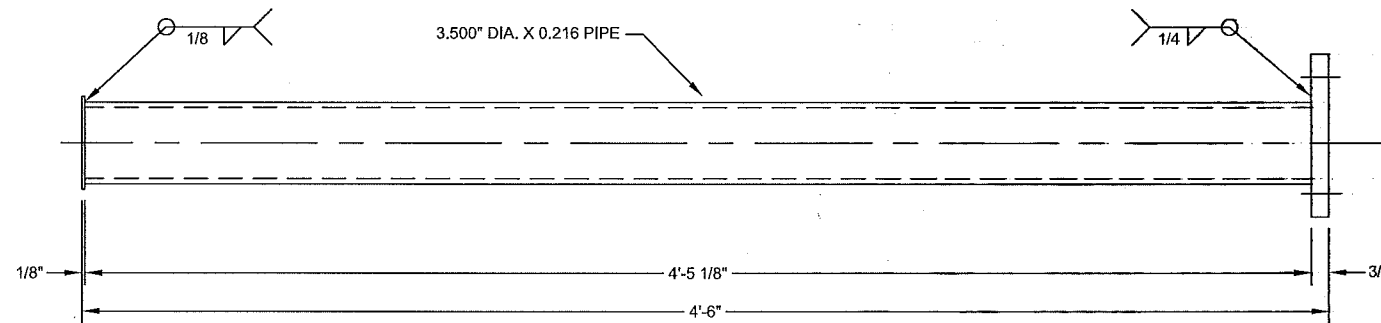
MATERIAL SPECS.
 1. ALL PLATES TO BE ASTM A36
 2. ALL RECTANGULAR TUBE STEEL TO BE A500, GRADE B
 3. ALL ROUND PIPE TO BE ASTM A53, GRADE B

FINISH
 1. FINISH PER CUSTOMER SPECIFICATION

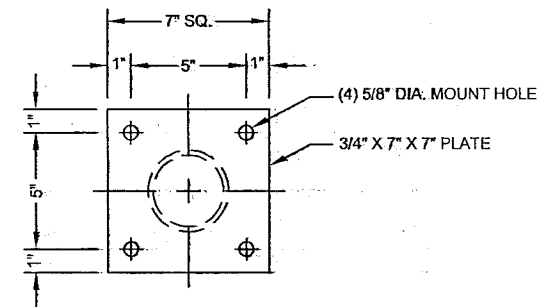
POLE SPECS.
 APPROX. WEIGHT: 52 LBS



END PLATE DETAIL
 SCALE 1:8



FRONT VIEW
 SCALE 1:8



MOUNTING PLATE DETAIL
 SCALE 1:8



FABRICATION DRAWING

THESE DRAWINGS ARE THE EXCLUSIVE PROPERTY OF EVERBRITE, LLC. USE OF, OR DUPLICATION IN ANY MANNER WITHOUT EXPRESS WRITTEN PERMISSION OF EVERBRITE, INC. IS PROHIBITED.

REV	DATE	BY	CHK	DESCRIPTION
A	9-30-15	SAJ	RHB	RELEASED FOR INSTALLATION

DRAWN BY	SAJ	SITE	SF88713
DATE	9-29-15		42 MAIN ST.
CHECKED BY	RHB		HASTINGS-ON-HUDSON, NY 10706
DATE	9-29-15	SCALE	AS SHOWN

TITLE	POLE ASSEMBLY FOR STATE FARM 3'-0" X 4'-0" HDO MAST SIGN		
PROJECT NO.	334265	DRAWING NO.	PP334265EP
REV			A

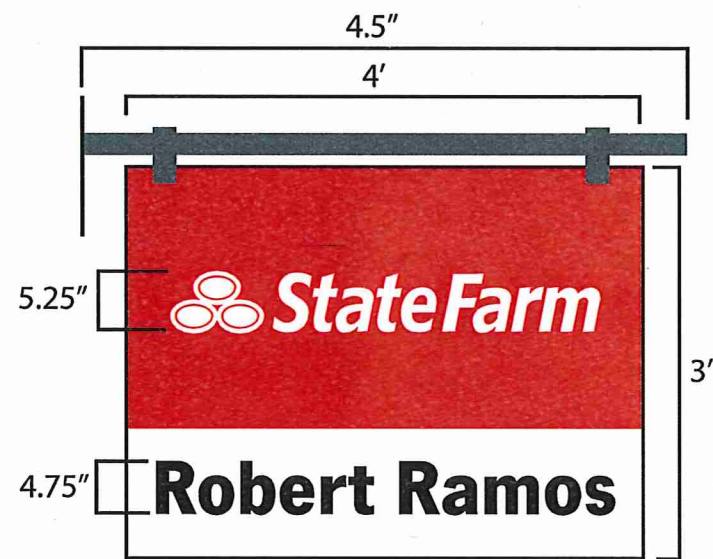


BEFORE



AFTER

Pole - PMS 432 U gray,
 Decoration of High Density Sign Board vinyl/paint 3M 033Trans Red #3630, SW7005 pure white, and 3M #7725-022 black



3x4 HDO DF, Hung on Bracket

WS4N 12" h x 46.5" w

Like a good neighbor,
 State Farm is there.

2.76" Cap Height



Overall dimensions: 21 1/4" h x 24" w (approx)

WS4O 12" h x 46.5" w

Providing Insurance and
 Financial Services

2.76" Cap Height

trim stripes in field



DISCLAIMER: Renderings are for graphic purposes only and not intended for actual construction dimensions. For windload requirements, actual dimensions and mounting detail, please refer to engineering specifications and install drawings. These drawings and designs are the exclusive property of Everbrite LLC Use of, or duplication in any manner without express written permission of Everbrite LLC is prohibited.

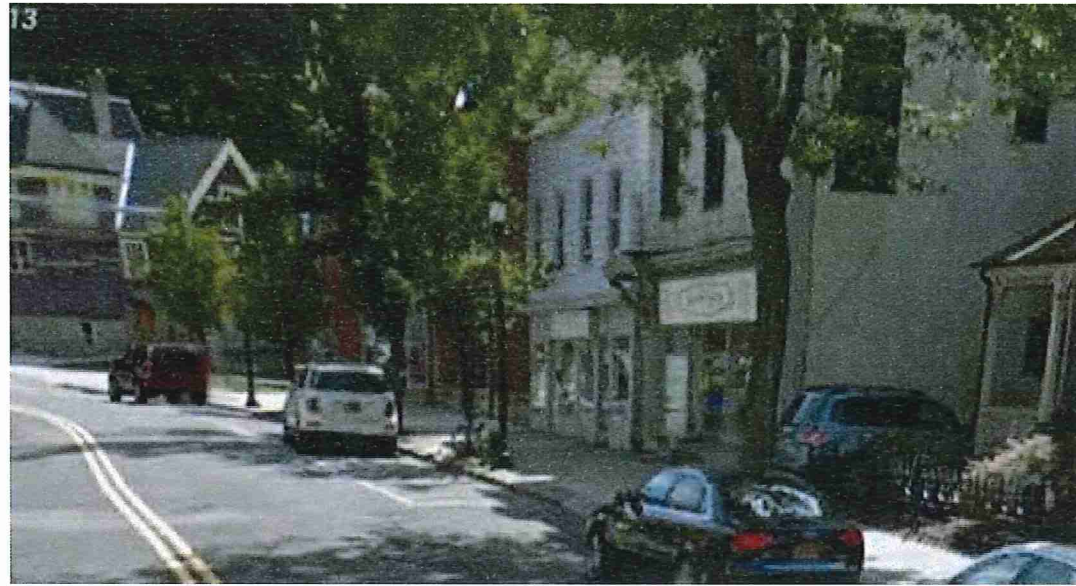
Customer: State Farm	
Project No: 334265-7	Scale: NTS
Date: 9/30/15	Drawn By: DB
Location & Site No: Hastings On Hudson, NY SF88713	

Description: 3x4 NI DF Sign, Window & Door Vinyl

Customer Approval: Graphics and colors on file will be used unless otherwise specified by customer. Please review drawing carefully. By signing below, you agree to graphics as shown above, and to location of sign as shown. Please return signed copy back to Everbrite.

CUSTOMER SIGNATURE _____ DATE _____

LANDLORD SIGNATURE _____ DATE _____

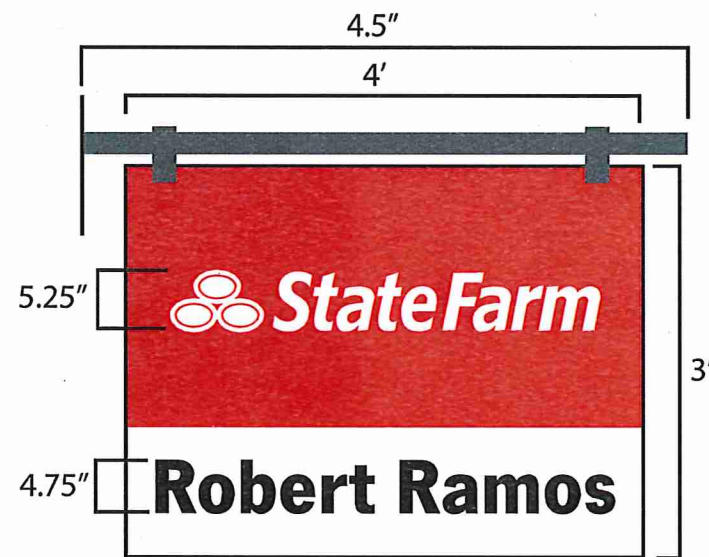


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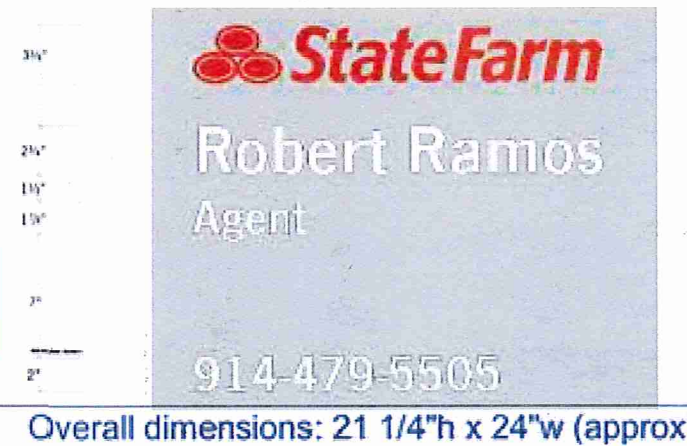


3x4 HDO DF, Hung on Bracket

WS4N 12" h x 46.5" w



2.76" Cap Height



Overall dimensions: 21 1/4" h x 24" w (approx)

WS4O 12" h x 46.5" w



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trim stripes in field



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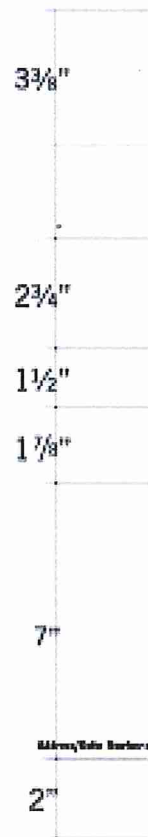
Customer: State Farm	
Project No: 334265-7	Scale: NTS
Date: 9/30/15	Drawn By: DB
Location & Site No: Hastings On Hudson, NY SF88713	

Description: 3x4 NI DF Sign, Window & Door Vinyl


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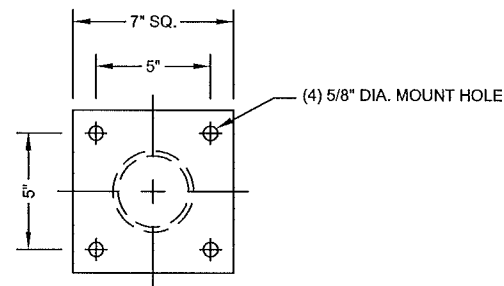
CUSTOMER SIGNATURE _____ DATE _____

LANDLORD SIGNATURE _____ DATE _____

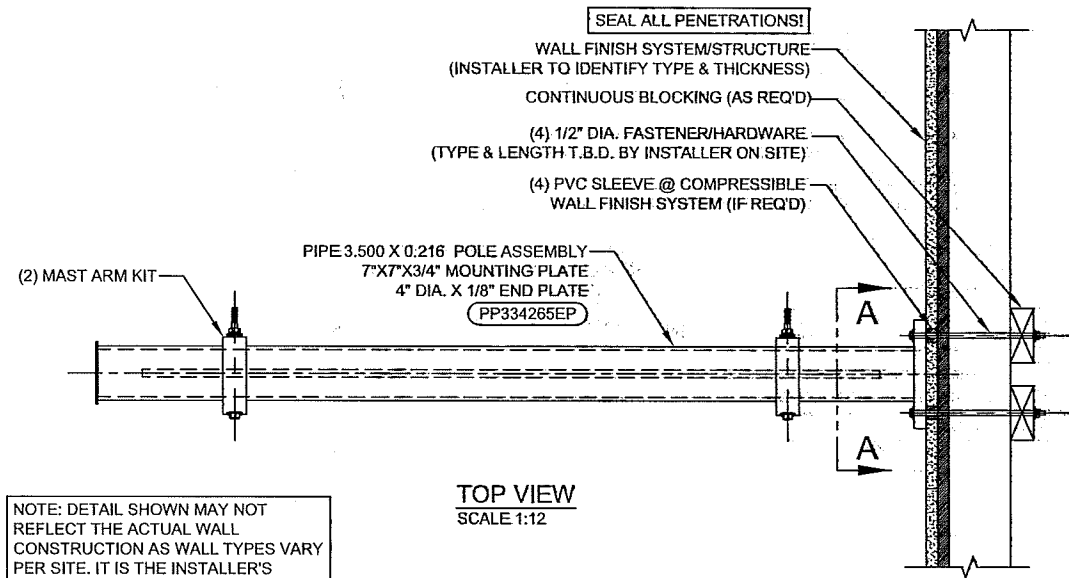


Overall dimensions: 21 1/4"h x 24"w (approx)

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Customer: State Farm		Description: Door Vinyl	
Project No: 334265-7	Scale: NTS	Customer Approval: Graphics and colors on file will be used unless otherwise specified by customer. Please review drawing carefully. By signing below, you agree to graphics as shown above, and to location of sign as shown. Please return signed copy back to Everbrite.	
Date: 9/30/15	Drawn By: DB		
Location & Site No: Hastings On Hudson, NY SF88713			
		CUSTOMER SIGNATURE _____	DATE _____
		LANDLORD SIGNATURE _____	DATE _____

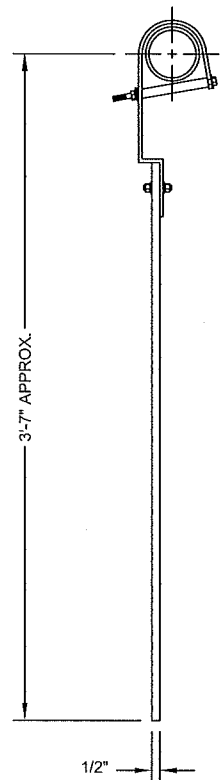


MOUNTING PLATE DETAIL "A-A"
SCALE 1:8

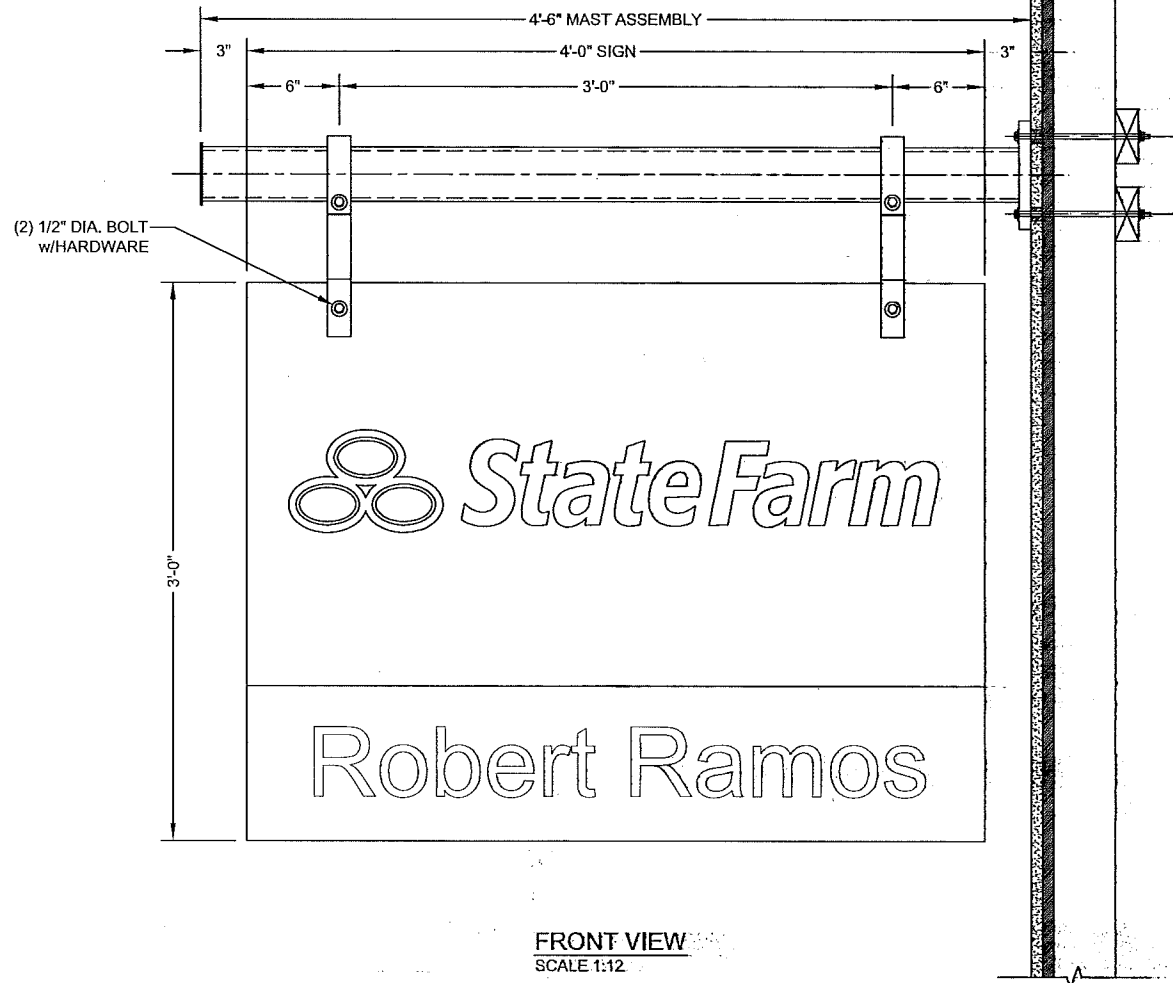


TOP VIEW
SCALE 1:12

NOTE: DETAIL SHOWN MAY NOT REFLECT THE ACTUAL WALL CONSTRUCTION AS WALL TYPES VARY PER SITE. IT IS THE INSTALLER'S RESPONSIBILITY TO IDENTIFY THE ACTUAL CONSTRUCTION AND ADAPT THE INSTALLATION ACCORDINGLY.



END VIEW
SCALE 1:12



FRONT VIEW
SCALE 1:12

GENERAL NOTES

INSTALLER TO PROVIDE COMPLETION PHOTOS OF MOUNTING LOCATIONS AND OVERALL ELEVATION.

THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRIC CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

INSTALLER TO BE SURE SIGNS ARE PROPERLY INSTALLED, CONNECTED AND GROUNDED.

THIS DRAWING IS FOR INSTALLATION PURPOSES ONLY AND NOT TO BE USED FOR MANUFACTURING.

INSTALLATION INSTRUCTIONS:

1. OPEN PACKAGING CAREFULLY AND INSPECT FOR DAMAGE. IF DAMAGE IS FOUND, CLAIM MUST BE FILED WITHIN 5-DAYS WITH SHIPPING AGENT.
2. DETERMINE SIGN LOCATION AND RECEIVE CONFIRMATION FROM CLIENT OR CONTRACTOR.
3. LAYOUT AND PRE-DRILL ALL MOUNTING HOLES REQUIRED FOR MOUNTING THE MAST ARM.
4. FILL ALL HOLES WITH SILICONE PRIOR TO MOUNTING THE SIGN.
5. ATTACH THE HORIZONTAL BLOCKING BEHIND WALL FRAMING SO ALL CONNECTION POINTS HAVE SUPPORT.
6. ALIGN MOUNTING PLATE TO MATCHING PRE-DRILLED HOLES WHILE INSERTING FASTENERS THROUGH PLATE, WALL AND BLOCKING. FASTEN WITH HARDWARE. USE PVC SLEEVES TO PROTECT BUILDING FINISH IF NECESSARY.
7. CHECK THE SIGN FOR PROPER CONNECTIONS AND PIVOT.
8. PERFORM TOUCH-UP AS REQUIRED.
9. CLEAN INSTALLATION WORK SITE OF ALL EXCESS MATERIALS AND DEBRIS. DO NOT DISCARD ANY MATERIAL OR DEBRIS INTO ON SITE DUMPSTERS.

POLE SPECS

APPROX. WEIGHT: 52 LBS.



INSTALLATION DRAWING

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DRAWN BY:	SAJ	SITE:	SF88713
DATE:	9-29-15		42 MAIN ST.
CHECKED BY:	RHB		HASTINGS-ON-HUDSON, NY 10706
DATE:	9-29-15	SCALE:	AS SHOWN

TITLE:	STATE FARM 3'-0" X 4'-0" HDO MAST SIGN		
PROJECT NO.:	334265	DRAWING NO.:	IN334265P
REV			A