



# Design Review Board

TOWN BUILDING  
41 COCHITUATE ROAD  
TELEPHONE: (508) 358-3778  
FAX: (508) 358-3606

## Design Review Board Application

CASE # \_\_\_\_\_

### LOCATION OF SUBJECT PROPERTY

16 Boston Post Rd  
# and Street Name

Plate \_\_\_\_\_

Parcel \_\_\_\_\_

Year Built \_\_\_\_\_

### ZONING INFORMATION

Zoning District \_\_\_\_\_

Overlay District \_\_\_\_\_

Present Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

	<u>Required</u>	<u>Existing</u>	<u>Proposed</u>
Lot Area			
Frontage			
Front Yard Setbacks			
Side Yard Setbacks			
Rear Yard Setbacks			
Gross Floor Area	N/A		
% of Increase of Gross Floor Area	N/A	N/A	

### OWNER INFORMATION

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

### APPLICANT INFORMATION (if different from owner information)

Rhonda Skloff Spinning Lotus Studios (508) 935-8933  
Name Telephone Number

16 Boston Post Road, Wayland 01778 spinninglotusstudios@gmail.com  
Address email

### ATTORNEY/AGENT INFORMATION (if applicable)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

### NARRATIVE (describe proposal)

- ① Signage on brick facing Route 20
  - ② Signage in front of door between brick arch (Plain Rd. side)
  - ③ Windows
- See attached pictures

**SIGNS (if applicable)**

Spinning Lotus Studios

Business Name

16 Boston Post Road, Wayland 01778

Address

Telephone Number

Yoga + indoor cycling

Type of Business

Mon - Fri 6am - 8pm

Hours of Operation

Sat / Sun 8am - 2pm

**SIGN DETAILS**

Existing Sign Information

Is sign illuminated  yes  no

If yes:  Internal

External

Number of Proposed Signs

Location of Signs

Are signs (check all that apply):  one sided,  two sided,  freestanding,  awning,  attached to building

Size of Sign: See attached

Area of Signs:

Material of Signs: See attached

Color:

**\*All Sign Submittals should include a photograph or colored rendering.**

I hereby request a hearing before the Zoning Board of Appeals with reference to the above application, with supporting documentation submitted, and that the proposed work is authorized by the Owner of Records and I have been authorized by the owner to make this application as the agent. I hereby consent to the Building Commissioner and Zoning Board of Appeals members' entry upon the exterior areas of the premises for the purpose of viewing and inspecting the property, which is the subject of the application.

Authorized Agent/Owner

1/2/13  
Date

I have submitted nine (9) sets, each including the following:

- Application
- Certified Plot Plan
- Schematic Architectural Plans
- Board of Health Approval
- Narrative
- Miscellaneous Additional Information

**OFFICE USE ONLY:**

- Site Plan Approval
- Special Permit
- Variance
- Appeal of the Building Commissioner
- Other

Applicable Sections on Zoning By-Laws:

Comments:

Reviewed by:

Date:

Fee Paid:

Received and Recorded by the Town Clerk:

Signature of Town Clerk



16.25"

54.625"



4/0 Direct print to 1/2" white Komatex PVC  
Custom die cut. Stud mounted to building.  
6.15 SF



4.3 SF

Sign: 4/0 Reverse print on 3/16" clear Lexan backed up with white ink. Contour cut as shown.  
Teardrop Flag: Dye-sub printed fabric flag w/frame and stand