## DESIGN REVIEW COMMISSION AGENDA

#### Tuesday, March 3, 2020 7:00 PM.

Municipal Building, 355 East Central Street 2<sup>nd</sup> Floor, Room 205

- 7:00 PM Cedarwood Gardens 130 Chestnut Street By Telephone: Shanna Bento, 508-822-9033 Name change, replace new face of existing sign – double sided
- 7:05 PM Hoshizake 40 Kenwood Circle #2 Install custom dimension letter sign on pan formed frame on front of building

#### **7:10 PM** Kuth Ranieri Architects – 32A Main Street 1 Blade sign at fascia, 1 door sign on glass door, 1 window 2<sup>nd</sup> floor Graphic applied

#### **General Matters**

Approval of Minutes: February 18, 2020

COMMENTS: These listing of matters are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

This agenda is subject to change. Last updated: February 27, 2020 The next meeting of the Design Review Commission is scheduled for March 17, 2020

#### FORM Q

#### TOWN OF FRANKLIN DESIGN REVIEW APPLICATION FOR §185-31(2) OF THE ZONING BY-LAW

#### A) General Information

Name of Business or Project: <u>Cedarwood Gardens</u>
Property Address 130 Chestnut St. Franklin, MA 02038
Assessors' Map #_280 Parcel #_280-076-000
Zoning District (select applicable zone): Single Fumily Residential 3
Zoning History: Use Variance Non-Conforming Use
B) Applicant Information:
Applicant Name: Bear Mountain Heatthcare, LLC
Address: 130 Smain St, Thomaston, CT06787
Telephone Number: (87,10) 8.80 - 8202
Contact Person: Jessica Doyle
C) Owner Information (Business Owner & Property Owner if different)
Business Owner: John Wynne Property Owner: Bear Mt Franklin LLC Address: <u>876 E Broadway</u> <u>Milford CT 06460</u> <u>Homaston CT 06787</u>
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this 5 <sup>th</sup> day of February 2020
A wym     A wym       Signature of Applicant     Signature of Owner
John Illunne. John Illunne.

Print name of Applicant

Print name of Owner

# \*<u>FOR SIGNS COMPLETE PAGES 1 & 2 ONLY</u>. <u>FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1 – 4</u>

SEE ADDENDA ATTACHED FOR ASSISTANCE IN COMPLETION OF FORM Q

	D)	Architect/Engineer/Sign	Company	Information	(if not the applicant)
--	----	-------------------------	---------	-------------	------------------------

a. Sign Company	
Business Name:	LUKA BSAGAS
Contact Person:	LUKA B Signs
Address	39 TREMONT Street Taunton, MC.02780
Telephone Number:	STR-822-9033
	hukabsing a hot NIGI COM
b. Architect/Engine	er (when applicable) lukabsigns a hot mail com
Business Name:	
Contact Person:	
Address	
Telephone Number:	

#### E) Work Summary

Summary of work	to be done:	Name	chana	il,	Rep	place
NEW FLCE	Of Ex	isting	Sign	3-8	.25"	× 53.75"
Double	side	d	\			

#### F) Information & Materials to be Submitted with Application

#### a) FOR SIGN SUBMISSIONS ONLY:

# NINE (9) COPIES OF THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

 1. Drawing of Proposed Sign which must also include type of sign (wall, pylon etc.) size/dimensions style of lettering
 colors materials lighting-illuminated, non-illuminated and style

2. Drawing and/or pictures indicating location of new sign.

3. Picture of existing location and signs (if previously existing location)

## b) FOR BUILDINGS/DEVELOPMENTS OR PROJECT SUBMISSIONS:

# NINE (9) COPIES OF THE FOLLOWING MUST BE SUBMITTED W/APPLICATION

- 1. Site Plan including Landscape Plan showing plantings. Plantings must be from Best Development Practices Guide
- 2. Lighting Plan indicating lighting levels & specifications of proposed lights
- 3. Building drawings, indicating size and height of building(s); front, rear and side elevations (when there are no adjoining buildings) and floor plans
- 4. Drawings or pictures of existing conditions
- 5. If any signage on the building or site, provide information from above Signage Checklist

Note: Please bring a sample of the following to the meeting: materials samples (brick, siding, roofing etc.) as well as samples of paint colors.



39 Tremont St. Taunton, MA Office: 508-822-9066 Fax: 508-822-3022 E-Mail: lukabsigns@hotmail.com www.lukabsigns.com

SIGNAGE LAYOUT

Page <u>3 of 4</u>

# **130 Chestnut St., Franklin, MA**





## PLEASE REVIEW ALL INFORMATION BELOW FOR PRODUCT ACCURACY & SATISFACTION BEFORE APPROVING

#### ORDER DETAILS/INFORMATION

Customer Name: Bear Mountain Health Care

Proof Date: 01/07/2019 Sent By: Sean S.

Signage Details: (x2) 38.25"H x 53.75"W Single-Sided

Aluminum (.040") Sign Panels, Installed Onto Existing

Double-Sided Sign Structure/Frame (Non-Illuminated)

#### **CUSTOMER APPROVAL**

- Please Carefully Review <u>ALL</u> Spelling, Grammar, Logos, & Any Other Details Shown <u>BEFORE</u> Approving.
   Color reproduction will not be guaranteed until Pantone
- color reproduction will not be guaranteed until rantone colors are provided.
  Production will not begin until approval has been sent.

 Design Approval must be sent via <u>e-mail or signed in-person</u>, NO EXCEPTIONS.

#### APPROVED AS IS

WITH CHANGES

- SIGNATURE
- Up to (2) revisions to the proof will be included.
  Any further alterations will cost \$15.00 per revision.
- All Proofs & Renderings are the property of Luka B Signs & Apparel.
- Any reproduction without permission is prohibited.

DATE

# FORM Q

# TOWN OF FRANKLIN DESIGN REVIEW APPLICATION FOR §185-31(2) OF THE ZONING BY-LAW

# A) General Information

<u>Kaven Mullen</u> Print name of Applicant <u>Signature of Owner</u> Print name of Applicant <u>Print name of Owner</u>	Name of Business or Project: HOShizaki
Assessors' Map # Parcel # <u>295-009-000-000</u> Zoning District (select applicable zone): Zoning History: Use Variance Non-Conforming Use B) <u>Applicant Information:</u> Applicant Name: <u>Signify Enterpose ne DBA Signs Plus</u> Address: <u>S9 S. Mam St. Miltud</u> Telephone Number: <u>5U8-474-5075</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>HoShizaki</u> Property Owner: <u>Franchi Momf. Comm.</u> Address: <u>40 Keln Unred Dr. #=2</u> <u>Franch Lang</u> , <u>Mil 52035</u> All of the information is submitted according to the best of sy knowledge Executed as a seleal instrument this day of 20 <u>Kaum M.</u> Signature of Applicant Signature of Owner <u>Kaum M.</u> Print name of Applicant <u>Signature of Owner</u> *FOR SIGNS COMPLETE PAGES 1 & 2 ONLY	Property Address 40 Kenward Drive, #2
Zoning District (select applicable zone): Zoning History: Use Variance Non-Conforming Use B) <u>Applicant Information:</u> Applicant Name: Signify Enterpases ne. DBA Signs Plus Address: SA S. Man St. Miltud Telephone Number: <u>5U8-474-5075</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>HoShitalci</u> Property Owner if <u>different</u> ) Business Owner: <u>HoShitalci</u> Property Owner: <u>FrameMit Momf. Comm.</u> Address: <u>210 Ken Wullen</u> Address: <u>240 Ken Wullen</u> Address: <u>240 Ken Wullen</u> Address: <u>40 Ken Wullen</u> Example of Applicant Signature of Owner <u>Kaven Mullen</u> Signature of Applicant Signature of Owner <u>Kaven Mullen</u> Print name of Applicant <u>Signature Progents 1 &amp; 2001 V</u>	
Zoning History: Use Variance Non-Conforming Use B) <u>Applicant Information:</u> Applicant Name: Signify Euterpass ne. DBA Signs Plus Address: <u>89</u> <u>S. Man St. Miltud</u> Telephone Number: <u>5U8-474-5075</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshizaki</u> Address: <u>40 Kenulter Dr. Hez</u> Frogerty Owner: <u>Franchi Montf. Conn.</u> <u>Address: 40 Kenulter Dr. Hez</u> <u>Franklin, Mil 2038</u> All of the information is submitted according to the best of sty knowledge Executed as a scaled instrument this day of 20 <u>Lauren</u> Signature of Applicant Signature of Applicant <u>For SIGNS COMPLETE PAGES 1.6.2 ONLY</u>	
Applicant Name: Signify Enterprises Inc. DBA Signs Plus Address: <u>89</u> S. Man St., Miltud Telephone Number: <u>5U8-474-507</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshizalci</u> Property Owner: <u>Franchi Mont. Comm.</u> Address: <u>40 Kenwarre Dr. 42</u> <u>Franklin, Mill 2038</u> All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this day of 20 <u>Kaum</u> Signature of Applicant Signature of Applicant FOR SIGNS COMPLETE PAGES 1 & 20 NIX	Zoning History: Use Variance
Address: <u>S1 S. Man St. Miltud</u> Telephone Number: <u>5U8-474-5077</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshitaki</u> Property Owner: <u>Franchi Momf. Comp.</u> Address: <u>40 Keln Wrrz Dr. 42</u> Franklich, <u>MH 22038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 <u>Kaven Mullen</u> Signature of Applicant Signature of Applicant From Signs COMPLETE PAGES 1.6 2 ONLY	B) Applicant Information:
Address: <u>S1 S. Man St. Miltud</u> Telephone Number: <u>5U8-474-5077</u> Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshitaki</u> Property Owner: <u>Franchi Momf. Comp.</u> Address: <u>40 Keln Wrrz Dr. 42</u> Franklich, <u>MH 22038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 <u>Kaven Mullen</u> Signature of Applicant Signature of Applicant From Signs COMPLETE PAGES 1.6 2 ONLY	Applicant Name: Signify Enterprises Inc. DBA Signs Plus
Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshizaki</u> Property Owner: <u>Franchi Momf. Comp.</u> Address: <u>40 Ken Ward Dr. 4-2</u> <u>Franklon, MH 52038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 <u>Kaun M.</u> Signature of Applicant Signature of Owner <u>Kahen Mullen</u> <u>Lowis</u> <u>Just 2020</u> Print name of Applicant Print name of Owner *FOR SIGNS COMPLETE PAGES 1 & 2001 V	Address: 89 S. Man St, Miltud
Contact Person: <u>Kaven Mullen</u> C) <u>Owner Information (Business Owner &amp; Property Owner if different)</u> Business Owner: <u>Hoshizaki</u> Property Owner: <u>Franchi Momf. Comp.</u> Address: <u>40 Ken Wirrel Dr. 42</u> <u>Frank (in, MH 52038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 <u>Kaun</u> Signature of Applicant Signature of Applicant Print name of Applicant <b>FOR SIGNS COMPLETE PAGES 1 &amp; 20</b> <b>Your Solution</b>	Telephone Number: 578-474-5077
Business Owner: HOShizalci Property Owner: Franchi Mamf. Comp. Address: <u>40 Ken Ward Dr. H=2</u> Franklin, <u>MAM 02038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 Kaun Man 20 Kaun Man 20 Kaun Mullen Print name of Applicant FOR SIGNS COMPLETE PAGES 1 & 2 ONLY	
Business Owner: HOShizalci Property Owner: Franchi Mamf. Comp. Address: <u>40 Ken Ward Dr. H=2</u> Franklin, <u>MAM 02038</u> All of the information is submitted according to the best of ray knowledge Executed as a sealed instrument this day of 20 Kaun Man 20 Kaun Man 20 Kaun Mullen Print name of Applicant FOR SIGNS COMPLETE PAGES 1 & 2 ONLY	C) Owner Information (Business Owner & Property Owner if different)
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this day of 20 Kaun Multer Signature of Owner Kaven Multer Cours For Signs COMPLETE PAGES 1 & 2 ONLY	Business Owner: Hoshizalci Address: <u>40 Kenwrre Dr. #2</u> Franklin, MA 22038 Property Owner: <u>Franchi Manf. Comp.</u> <u>182 W. Central J.</u> # 203 Natch MA 01740
<u>Kaven Mullen</u> Print name of Applicant <u>Lowis</u> tranch <u>11812920</u> Print name of Owner *FOR SIGNS COMPLETE PAGES 1 & 2 ONLY	All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this day of 20
* <u>FOR SIGNS COMPLETE PAGES 1 &amp; 2 ONI V</u>	Kaven Mullen Louis Tranchi 2/18/2020
	*FOR SIGNS COMPLETE PAGES 1 & 2 ONLY

SEE ADDENDA ATTACHED FOR ASSISTANCE IN COMPLETION OF FORM Q

# D) <u>Architect/Engineer/Sign Company Information (if not the applicant)</u>

a. Sign Compa	any				<u> </u>	0
<b>Business Name:</b>	Signifi	Enterpris	ses me.	DBA	SIAN	Plus
Contact Person:	Kairen	Muller	,	~ · ·	1 *	
Address	89 S.M	an St. A	l'ibrd.	MA		
Telephone Numb	ber: 50P-	478-507	7			

# b. Architect/Engineer (when applicable)

# E) Work Summary

Summary of work to be done: Sign

# F) Information & Materials to be Submitted with Application

# a) FOR SIGN SUBMISSIONS ONLY:

# NINE (9) COPIES OF THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

- 1. Drawing of Proposed Sign which must also include type of sign (wall, pylon etc.) size/dimensions
   colors materials

   style of lettering
   lighting-illuminated, non-illuminated and style
- 2. Drawing and/or pictures indicating location of new sign.
- 3. Picture of existing location and signs (if previously existing location)

# b) FOR BUILDINGS/DEVELOPMENTS OR PROJECT SUBMISSIONS:

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- 5. If any signage on the building or site, provide information from above Signage Checklist

Note: Please bring a sample of the following to the meeting: materials samples (brick, siding, roofing etc.) as well as samples of paint colors.

# **Proposed Layout**

HOSHIZAKI, 40 KENWOOD DR., #2, FRANKLIN, MA SIGN ON FRONT OF BUILDING 1 OF 2

Fabricate and install one single sided pan formed aluminum sign with black aluminum picture frame molding, AND INDIVIDUAL ACRYLIC DIMENSIONAL LETTERS, STUD MOUNTED TO ALUMINUM FACE AND MOUNTED TO ALUMINUM SIDING OF FACADE USING 1" ALUMINUM ANGLE BRACKETS.



any and all signage permits are the responsiblity of the customer.

info@signs-plus.net www.signs-plus.net

E-mail Website

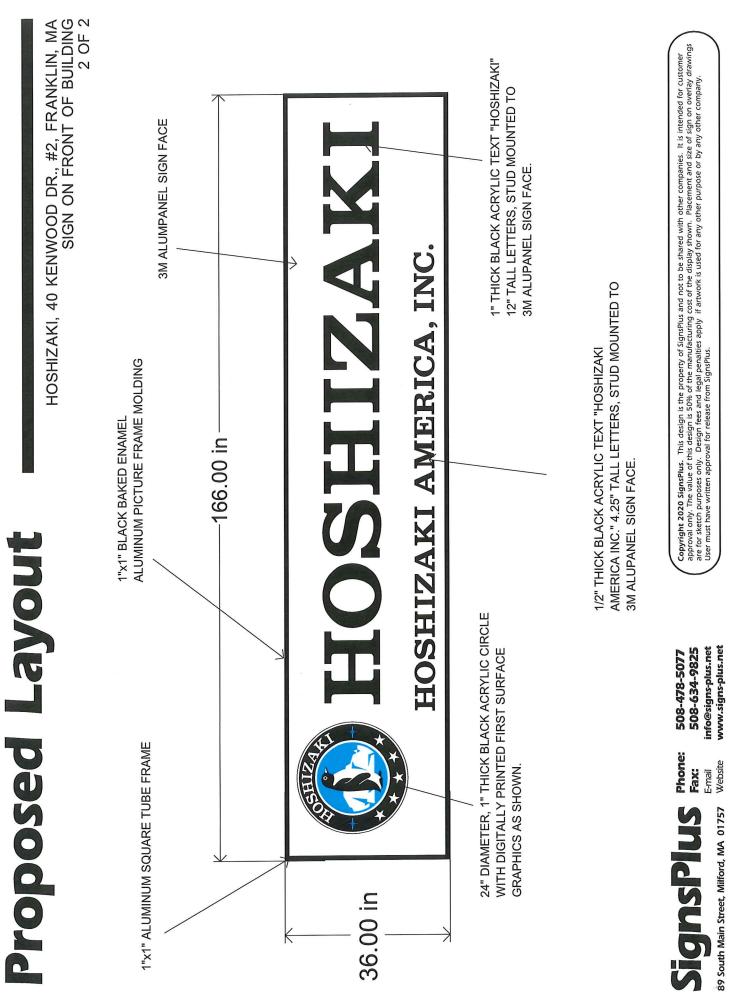
89 South Main Street, Milford, MA 01757

508-478-5077 508-634-9825

Phone: Fax:

SignsPlus

Copyright 2020 SignsPlus. This design is the property of SignsPlus and not to be shared with other companies. It is intended for customer approval only. The value of this design is 50% of the manufacturing cost of the display shown. Placement and size of sign on overlay drawings are for sketch purposes only. Design fees and legal penalities apply if artwork is used for any other purpose or by any other company. User must have written approval for release from SignsPlus.



any and all signage permits are the responsiblity of the customer.

\*

## FORM Q

# TOWN OF FRANKLIN DESIGN REVIEW APPLICATION FOR §185-31(2) OF THE ZONING BY-LAW

A) General Information	
Name of Business or Project: Kuth Ranieri Architees	-
Property Address 32A Main Street	. *
Assessors' Map #_ 279 Parcel # 025	
Zoning District (select applicable zone): Down town	_
Zoning History: Use Variance Non-Conforming Use	-
B) Applicant Information:	
Applicant Name: CAVALLARO SIGNS	
Address: <u>305 Union St.</u> Franklin MA	
Telephone Number: 508-446-5190 508 538 6545	
Telephone Number: <u>508-446-5190</u> 508 538 6545 Contact Person: <u>Rocco Cavallaro</u> roccocavallaro1@ Ver	rzon.net
C) Owner Information (Business Owner & Property Owner if different)	
Business Owner: Korn Ranieri Address: <u>32 A Main 6tr</u> Franklin Franklin	1402038
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this $26$ day of $Fe_6$ , $2020$ Ranieric Trust	
Signature of Applicant Ranierie Torst Signature of Applicant Signature of Owner	R
Roccos Cavallaro RANIERI Trust by Marga. Print name of Applicant Print name of Owner	

# \*<u>FOR SIGNS COMPLETE PAGES 1 & 2 ONLY</u>. <u>FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1 – 4</u>

. SEE ADDENDA ATTACHED FOR ASSISTANCE IN COMPLETION OF FORM Q

D) Architect/Enginee	r/Sign Company Information (if not the applicant)
a. Sign Company	CAVALLARO SIGNS
Business Name:	Kuth Ranievi Architecs
Contact Person:	Rocco Cavallaro
Address	305 Unron St. Franklin
Telephone Number:	508-528-6545

#### b. Architect/Engineer (when applicable)

Business Name:	
Contact Person:	
Address	5 - 2
Telephone Number:	*

## E) Work Summary

Summary of work to be done:

## F) Information & Materials to be Submitted with Application

## a) FOR SIGN SUBMISSIONS ONLY:

# NINE (9) COPIES OF THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

1. Drawing of Proposed Sign which must also include

type of sign (wall, pylon etc.)colorssize/dimensionsmaterialsstyle of letteringlighting-illuminated, non-illuminated and style

2. Drawing and/or pictures indicating location of new sign.

3. Picture of existing location and signs (if previously existing location)

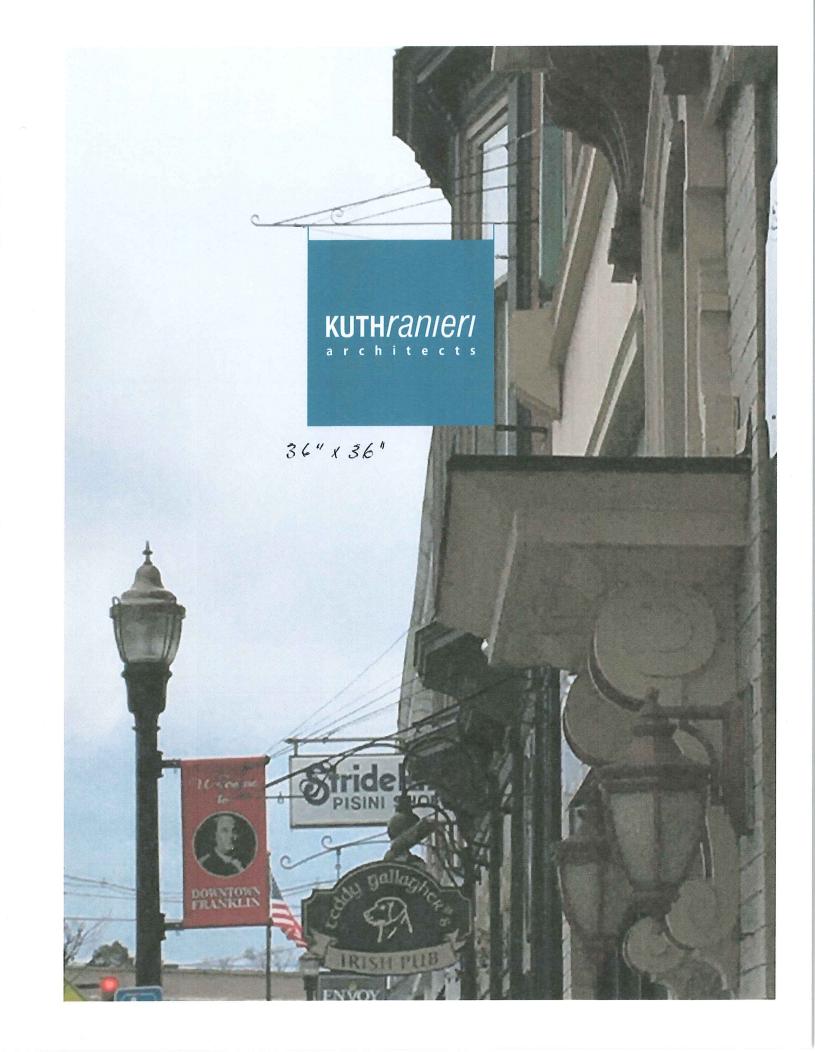
# b) FOR BUILDINGS/DEVELOPMENTS OR PROJECT SUBMISSIONS:

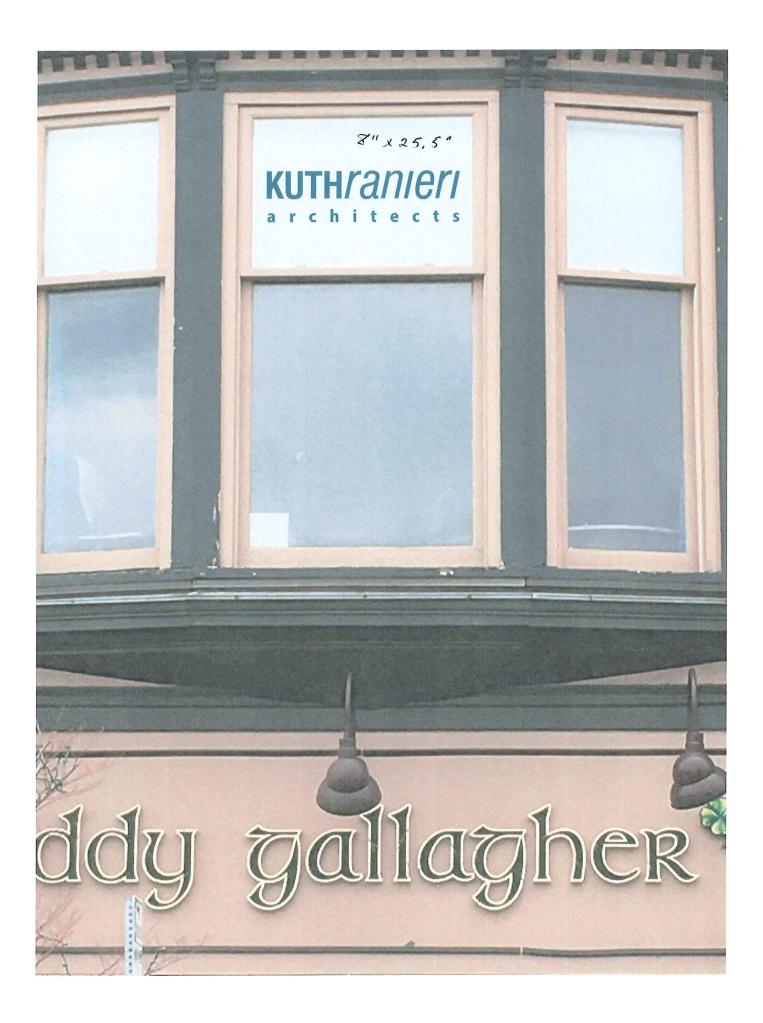
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- **3**. Building drawings, indicating size and height of building(s); front, rear and side elevations (when there are no adjoining buildings) and floor plans
- 4. Drawings or pictures of existing conditions
- 5. If any signage on the building or site, provide information from above Signage Checklist

Note: Please bring a sample of the following to the meeting: materials samples (brick, siding, roofing etc.) as well as samples of paint colors.







# Town of Franklin



# Design Review Commission

#### Tuesday, February 18, 2020 Meeting Minutes

Chair Mark Fitzgerald called the above-captioned meeting to order this date at 7:00 PM, at the Franklin Municipal Building, 355 East Central Street, Room 205, Franklin, Massachusetts. Members in attendance: Mark Fitzgerald, Chris Baryluk, Ralph Niemi, James Bartro. Members absent: Sam Williams.

1. Mirchi – Indian Cuisine – 14E East Central Street – Remove channel letters and install 3D Belt signs.

Cam Afonso of Signs by Cam reviewed the proposed signage and stated the old channel letters will be removed. He stated he will email the attachment method to Maxine Kinhart tomorrow. He noted that the sign will not be illuminated. Chair Fitzgerald confirmed the application looked complete and the sizes were within the limits.

**Motion:** To **Approve** the sign package as submitted with the stipulation that the attachment method will be sent to Maxine Kinhart tomorrow via email. Motioned by C. Baryluk. Seconded by R. Niemi. Voted 4-0-0.

2. Kristen Sullivan Therapy Group – 693 East Central Street – Install plaque signs.

Cam Afonso of Signs by Cam reviewed the proposed signage. He stated this is a monument style sign, and they are adding one plaque sign. He noted there are exiting flood lights.

**Motion:** To **Approve** the sign package as submitted. Motioned by J. Bartro. Seconded by R. Niemi. Voted 4-0-0.

#### Meeting Minutes: February 4, 2020

Design Review Commission members discussed the meeting minutes and reviewed each motion. Chair Fitzgerald noted he followed up with the PJ Mart 2 decision stipulations and Building Commissioner Gus Brown was happy with it.

**Motion:** To **Approve** the February 4, 2020 Meeting Minutes as presented. Motioned by M. Fitzgerald. Seconded by C. Baryluk. Voted 4-0-0.

**General Matters:** Chair Fitzgerald stated the PJ Mart 2 applicant promised to clean up the window. He stated he mentioned the Chipotle sign to Mr. Brown. He stated he needs to ask Mr. Brown about Glen Pharma truck.

**Motion** to **Adjourn** by M. Fitzgerald. Seconded by R. Niemi. Voted 4-0-0. Meeting adjourned at 7:14 PM.

Respectfully submitted,

Judith Lizardi Recording Secretary