DESIGN REVIEW COMMISSION AGENDA April 11, 2023 7:00 PM Virtual Meeting

Due to the growing concerns regarding the COVID-19 virus, we will be conducting a remote/virtual Design Review Commission Meeting. In an effort to ensure citizen engagement and comply with open meeting law regulations, citizens will be able to dial into the meeting using the provided phone number (Cell phone or Landline Required) OR citizens can participate by copying the link (Phone, Computer, or Tablet required). Please click on https://us02web.zoom.us/j/81887747577 or call on your phone at 1-929-205-6099, meeting ID is 818 8774 7577

7:00 PM	Auto Plus – 40 Kenwood Circle Remove and dispose of existing frame, Install new wall signs with angle brackets and tek screws.
7:01 PM	Moonlight Smokeshop – 447 East Central Street Replace existing panels on pylon sign. Add 3'x8' internally illuminated sign on end of building facing road
7:02 PM	Panera Bread – 270 Franklin Village Drive Remove existing Panera Bread Logo and Mother Bread and install new channel letters and new Mother Bread externally illuminated wall sign and swap out existing pylon faces.
7:03 PM	Horace Mann Plaza – 255-319 East Central Street Replace 50 year old pylon sign.
7:04 PM	Franklin Children's School – 900 Chestnut Street Replace old Sign.
7:05 PM	Hamilton – 101-102 Panther Way Install address sign.
7:06 PM	La Cantina Winery – 341 Union Street Install Pylon and Building Signs
7:07 PM	138 East Central Street, Franklin, MA 02038 – 138 East Central Street Replace existing windows behind vinyl siding.

General Matters: Approval of Minutes: Old Business: New Business: Adjourn

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. Next meeting is 4/25/2023

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

A) General Information

Name of Business or Project:	Dlus
Property Address 40 Kenwood Circle	
Assessors' Map #_047-003-02]	
Zoning District (select applicable zone	e): Industrial
	se
Non-Conforming Us	se
B) Applicant Information:	
Applicant Name: John Peterson - Metro Si	ign & Awning
Address: 170 Lorum St, Tewksbury MA 018	876
Telephone Number: 978-851-2424 ext 34	
Contact Person: C) Owner Information (Business Ow	
Business Owner: Louis Franchi	Property Owner: same
rudicas	
Franklin, MA 02038	
All of the information is submitted acco	ording to the best of my knowledge
All of the information is submitted acco Executed as a sealed instrument this 3rd	ording to the best of my knowledge rd day of April 2023
Executed as a sealed instrument this 3rd	ording to the best of my knowledge rd day of April 2023
Executed as a sealed instrument this 3rd	day of April 2023
Signature of Applicant	ording to the best of my knowledge rd day of April 2023 <u>for Ter</u> Signature of Owner
Executed as a sealed instrument this 3rd	day of April 2023

FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1-4

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

a. Sign Company

 Business Name:
 Metro Sign & Awning

 Contact Person:
 John Peterson

 Address
 170 Lorum St, Tewksbury MA 01876

 Telephone Number:
 978-851-2424 ext 34

b. Architect/Engineer (when applicable)

E) Work Summary

Summary of work to be done: Remove and dispose of existing frame. Install new wall signs with angle brackes and tek screws.

F) Information & Materials to be Submitted with Application

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

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

THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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

DIMENSIONAL WALL SIGN

Location 1A & 1B

Qty: 2

Backer

Fabricated Aluminum pan with 1" x 2" rectangle tube frame painted (white)

Dimensional Copy

1/2" Acrylic letters painted (red & black) flush mounted to backer with mechanical fasteners

"(R)"

Cut 3M HP vinyl (black) applied to backer

Install

Remove & dispose of existing frame (see photo for reference) install new wall sign with concealed angle brackets and tek screws into corrugated metal siding (as shown)

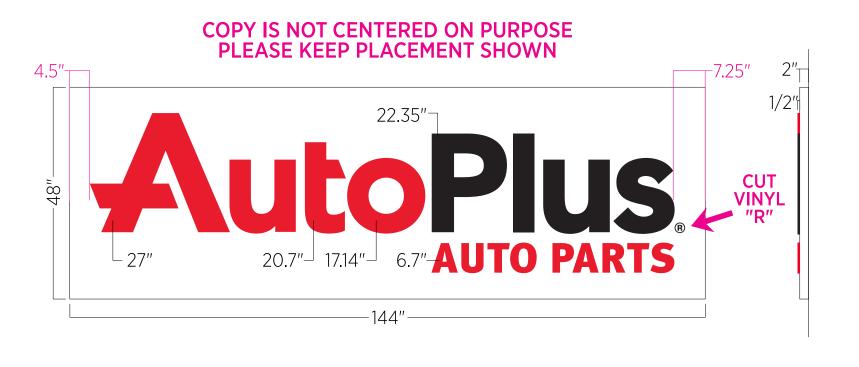


PROPOSED LOCATION 1A





PROPOSED LOCATION 1B





Sign Sq Ftg: N/A

VINYL COLORS

PAINT COLORS

3M HP #12 - Balck

PMS #185C (Red)

Standard Black

Standard White F Finish (Satin)

Fonts: N/A

JOB: 3.20.23

Work Order: 5032

Customer/Job Location:	DWG. DATE	: 3.8.2023	APPROVAL APPROVED APPROVED AS NOTED	Sales:	Design:
Veteran's Business Supply (Auto Plus)	Rev.1:	Rev.4:	Date X	DS	DM
40 Kenwood Circle • Franklin, MA	Rev.2: Rev.3:	Rev.6:	File Name: Veterans Business Supply_Franklin_DLS_4875.fs	Drawing	g # 23-C

This design/drawing is copyrighted: 2023 Metro Sign & Awning, Inc. No part of this drawing may be reproduced, copied or exhibited in any fashion without written consent from Metro Sign & Awning, Inc.

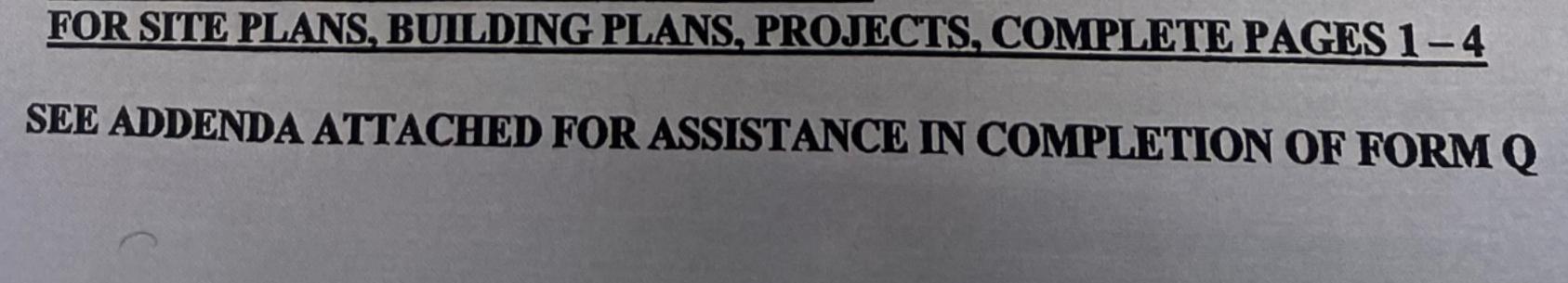


PMgr:



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

A) General Information	
A) General Information Name of Business or Project:	ht Smokeshop
- Address 447 EGST Cen	The on our the
Parcel #_	
Assessors Map # Zoning District (select applicable zone):	ommarigi II
Zoning History: Use Variance Non-Conforming Use	
B) Applicant Information:	
Applicant Name: Hardik Patel	
Address: <u>96 Washinstan St.</u> Foxboro, MA 02035	
Telephone Number: 508-212-50	
Contact Person: Hardik Patel	
C) Owner Information (Business Owner &	Property Owner if different)
Business Owner: Hardik Patel	Property Owner: Maksim Xnenso 893 Washington St
Poxooro, min com	
All of the information is submitted according to Executed as a sealed instrument this 3 of h d	ay of March 2023
Aldertal -	ATT -
Dignatian	Signature of Owner
Hardik Patel	MAKSIM XHENGO
Print name of Applicant F	Print name of Owner
*FOR SIGNS COMPLETE PAGES 1 & 2	ONLY.



D) Architect/Engineer/Sign Company Information (if not the applicant)
D) Architect/Engineensig
a. Sign Company Signs by Tomorrow
Business Name: <u>Signs by Jomorrow</u>
Contact Person: J'M Uwing
Address 400 Old Colony Rd. Norton, MA 02766
Telephone Number: 508 - 944-7641

b. Architect/Engineer (when applicable)

Business Name:	
Contact Person:	
Address	
Telephone Number:	

E) Work Summary

Summary of work to be done:	Replace	existing	panels on
Dulas sich 1	1 3' X	8' internelly	illumingter
sign on end of 6	vilding the	cing 1050.	

Information & Materials to be Submitted with Application F)

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

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

THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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





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

A) General Information	
Name of Business or Project: <u>Paneva Brelad</u>	
Property Address 270 Franklin Village Dr.	
Assessors' Map # Parcel # 014-008-000	
Zoning District (select applicable zone):	
Zoning History: Use Variance Non-Conforming Use	
B) <u>Applicant Information:</u>	
Applicant Name: Servato Signs LLC	
Address: 15 Dewey Street Worcester, ma 01609	
Telephone Number: 508-756-7004	
Contact Person: Andrew Servato	
C) Owner Information (Business Owner & Property Owner if different)	
Business Owner: <u>Hike Hamra</u> Address: <u>1895 8 In gram Hilled</u> Switz 100 Spring field, MO 458 04 <u>New Vorke</u> NY 10001	~
All of the information is submitted according to the best of my knowledge Executed as a scaled instrument this day of 20	
Signature of Applicant <u>Member</u> <u>Applicant</u> <u>Signature of Owner</u>	
Andrew Sorvato <u>Brian</u> Agnew - Print name of Applicant Print name of Owner	ر

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

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

D) HICHICCO Digineer, Sign Company Information (in motor of a	p p l t c m l c m
a. Sign Company	
Business Name: Servato Signs LLC	
Contact Person: Ardrew Servato	
Address 15 Dewey Street, Worcester, Ma C) j le 09
Telephone Number:	
b. Architect/Engineer (when applicable)	
Business Name:	
Contact Person:	
Address	
Telephone Number:	
E) <u>Work Summary</u>	
Summary of work to be done: Remutal n Existing Part + 1090 Mother Bread and motrull 1'- 8/4"2 197-59 and 3-2" Mother Bread internely illumont Wall Sign an F) Information & Materials to be Submitted with Application	area Bread
stimilary of work to be done. <u>print of the started party</u>	u Change Latter
and 3-7" Hothes algorie when the illumont that sin an	A Support Danie Ol
and a province prese vitering maning rout oper on	a charp mis activising rym
F) Information & Materials to be Submitted with Application	Jaco With rea mes.
	quees every.
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/	
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size/dimensions materials	· · · · · · · · · · · · · · · · · · ·
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- 5. If any signage on the building or site, provide information from above Signage Checklist





Site Recommendation Book

PANERA BREAD #3546 270 Franklin Village Dr Franklin, MA 02038

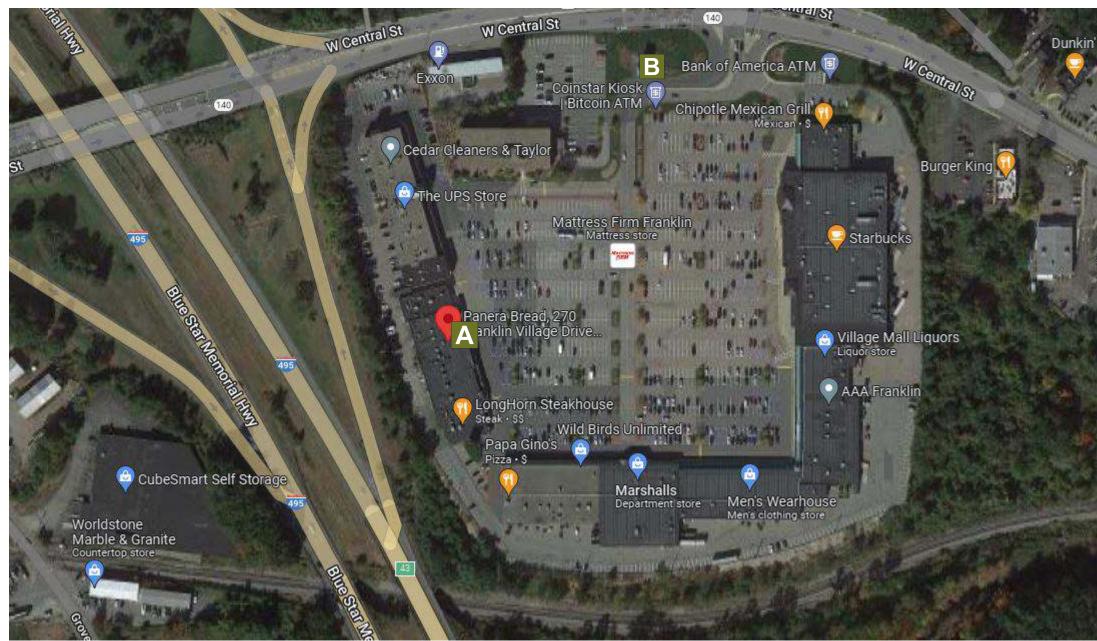
QID: 22-62839

Designer: Brian Sowder

> Date: 9-29-22

National Toll Free: (800) 353-9132 www.hiltondisplays.com CHANNEL LETTERS

B MONUMENT



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QID 22-62839

JOB NAME

Panera Bread #34546

LOCATION

270 Franklin Village Dr Franklin, MA 02038

CUSTOMER CONTACT

SALESMAN / PM

Mandy Rhoads

DESIGNER

Brian Sowder

DWG. DATE

9-29-22

REV. DATE / REVISION

2-27-23

SCALE

FILE

2022/Panera Bread/Locations/ Franklin MA/22-62839/ PB Franklin MA 22-62839

DESIGN SPECIFICATIONS ACCEPTED BY:

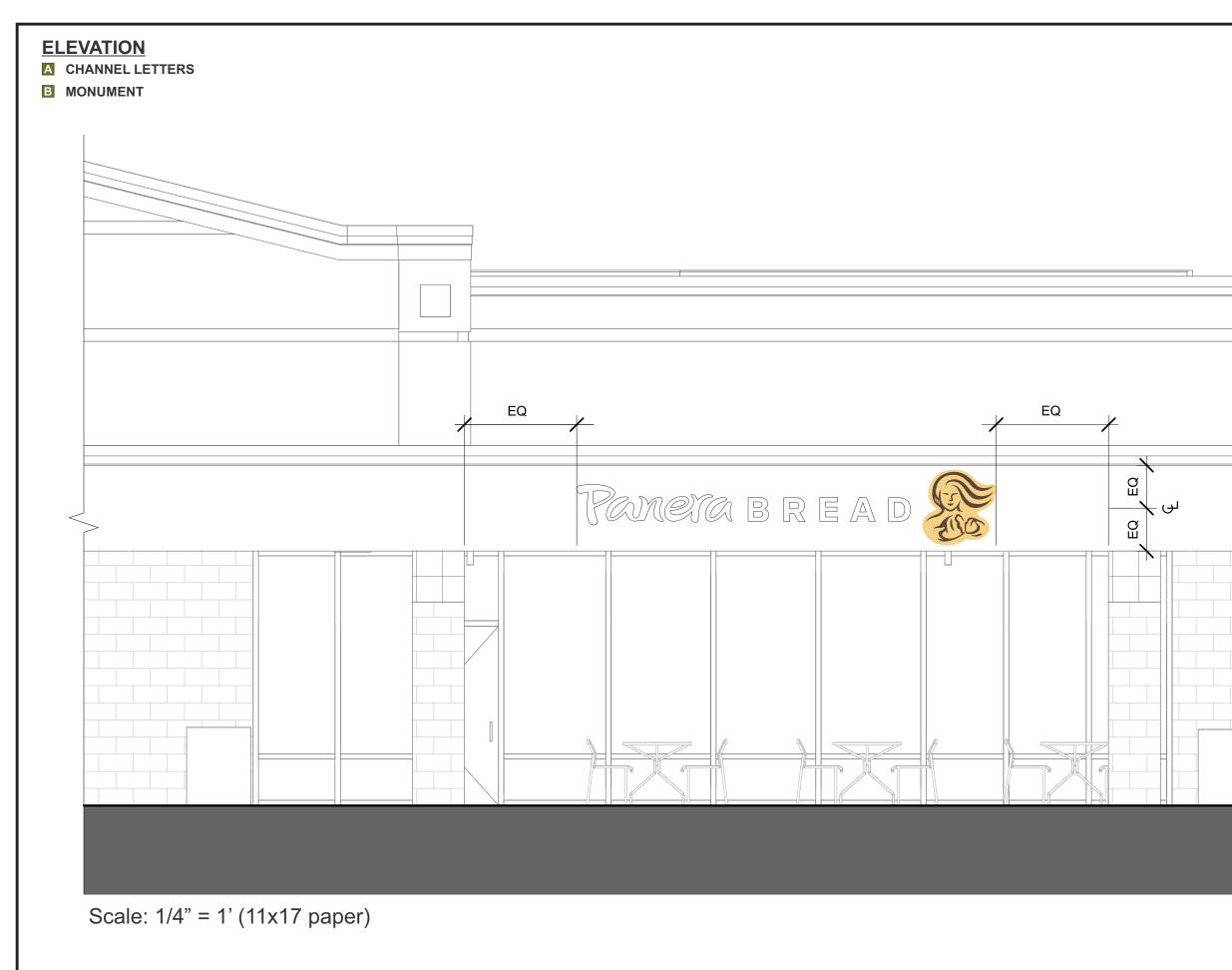
EST: CLIENT:

SLS/PM: LANDLORD:

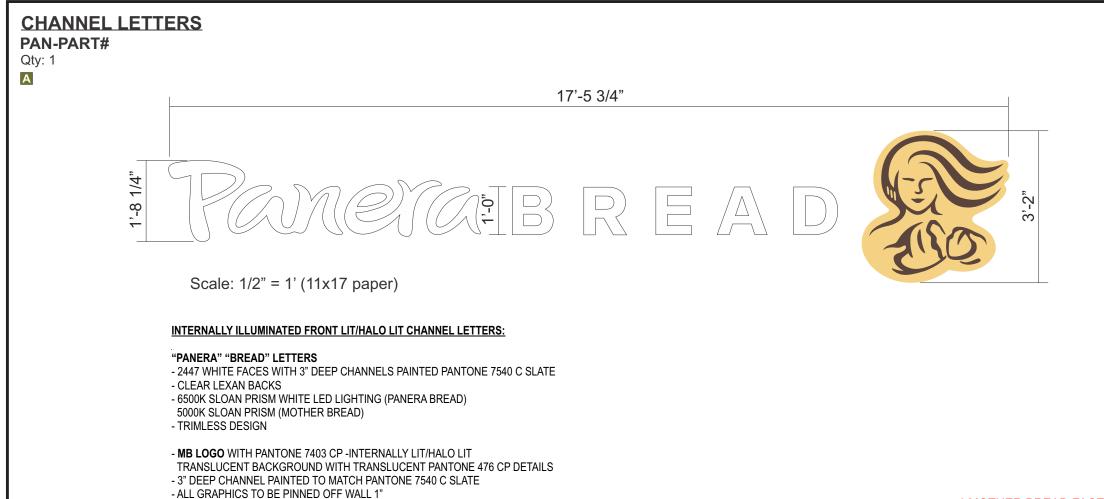
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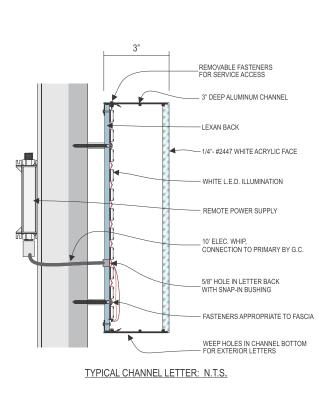
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Underwriters Laboratories Inc.



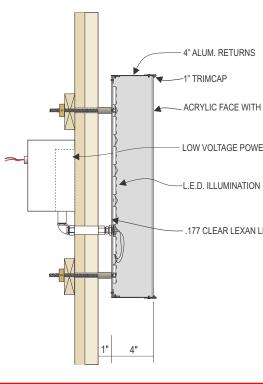
- REMOTE POWER SUPPLIES

EXISTING









- ACRYLIC FACE WITH LAYERED VINYL

LOW VOLTAGE POWER SUPPLY

- .177 CLEAR LEXAN LETTER BACKS



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QID 22-62839

JOB NAME

Panera Bread #34546

LOCATION

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CUSTOMER CONTACT

SALESMAN / PM

Mandy Rhoads

DESIGNER

Brian Sowder

DWG. DATE

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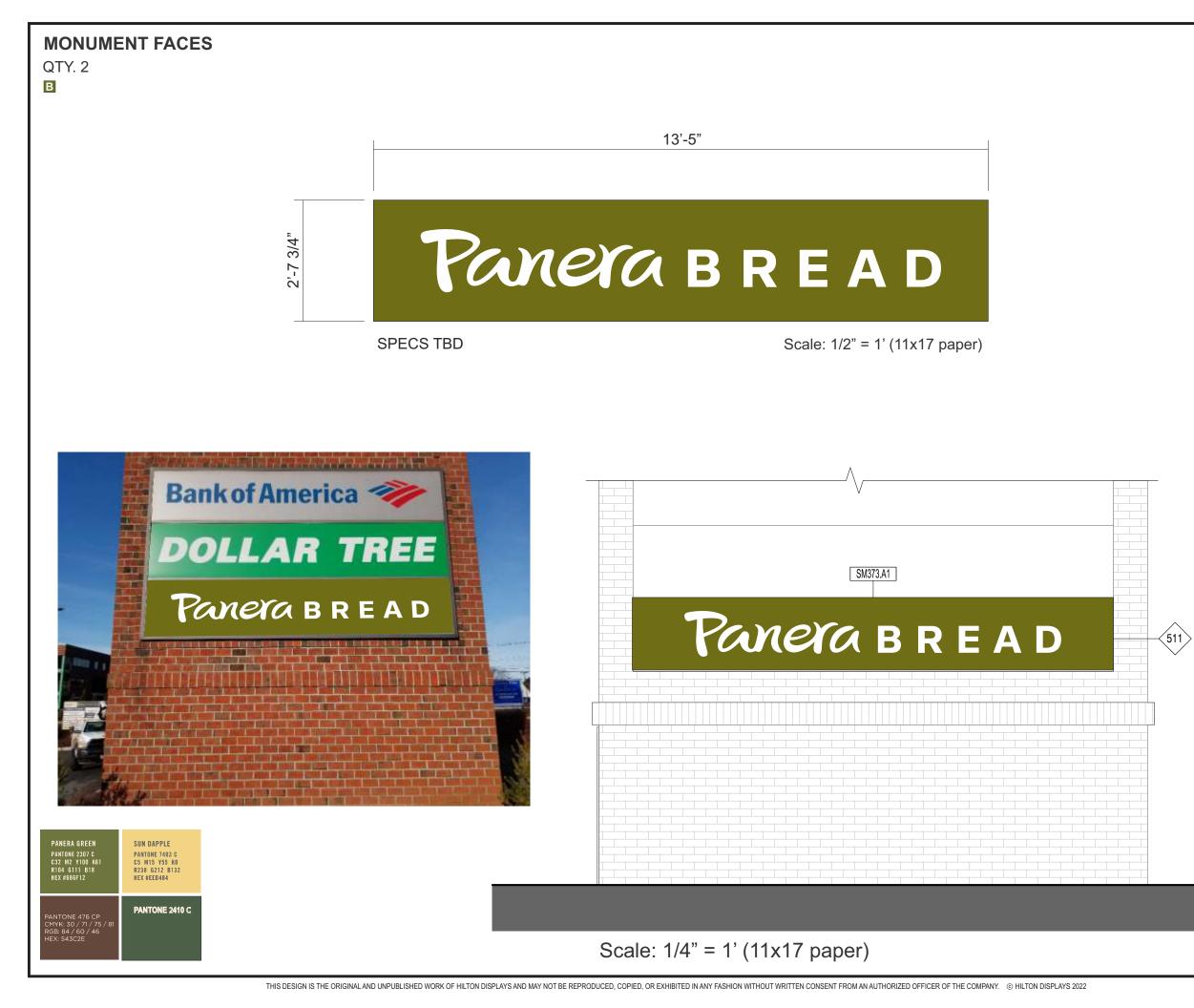
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Underwriters Laboratories Inc.





From: "NoReplyLicensing (REG)" <<u>noreplylicensing@state.ma.us</u>> Date: July 13, 2022 at 4:09:50 PM EDT To: <u>andys@serratosigns.com</u> Subject: Your OPSI License has been renewed Reply-To: <u>opsi-info@mass.gov</u>

THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF OCCUPATIONAL LICENSURE

Office of Public Safety and Inspections

www.mass.gov/dpl/opsi

July 13, 2022

ANDREW M SERRATO 1 Salisbury Blvd Worcester MA 01609

Your license CS-078124 has been renewed. The status of the license can reviewed on our verification site at <u>https://madpl.mylicense.com/Verification</u>

The physical copy of your license will be printed shortly and mailed to the address above. Please allow two weeks for USPS to deliver the license. If you do not receive it, reply to this email.

Regards,

Licensing Unit





15 Dewey Street Worcester, Ma 01609

Phone: 508.756.7004 Fax: 508.756.7050

NOTICE OF LANDLORD AUTHORIZATION

To the Superintendent- Bureau of Public Buildings- Building Inspector

To Whom It May Concern:

I/We owner of the property hereby authorize Serrato Signs LLC to submit a building application in my/our behalf for a permit and installation of <u>store front and pylon replacement signage</u> at the building located at:

Address: 268 Franklin	<u>Village Drive, Frankl</u>	in MA					
Signed: But Allong	ω	Date:	3/8/2023				
Agent for CSC F	ranklin Village, LP						
	PLEA	SE PRINT					
NAME (as appears on deed)	NAME (as appears on deed) CSC FRANKLIN VILLAGE LP						
ADDRESS 254 W	Vest 31 st Street, 4 th Flo	oor					
CITY New York	STATE	NY	_ZIP	10001			
PHONE <u>617-841-941</u>	1	FAX_					
EMAIL ADDRESS	EMAIL ADDRESS bagnew@kprcenters.com						

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations Lafayette City Center 2 Avenue de Lafayette, Boston, MA 02111-1750 www.mass.gov/diaWorkers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers Please Print Legibly
Name (Business/Organization/Individual): Serrato Signs LLC
Address: 15 Dewey Street
City/State/Zip: Worcester, Ma 01609 Phone #: 508-756-7004
Are you an employer? Check the appropriate box: 1. ■ I am a employer with 9 4. □ I am a general contractor and I have hired the sub-contractors is the sub-contractors and the sub-contractors have employees (full and/or part-time).* 4. □ I am a general contractor and I have hired the sub-contractors and I have hired the sub-contractors have employees (full and/or part-time).* 6. □ New construction 2. □ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] These sub-contractors have employees and have workers' comp. insurance.‡ 6. □ New construction 3. □ I am a homeowner doing all work myself. [No workers' comp. insurance required.] † 5. □ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] 10. □ Electrical repairs or additions Any applicant that checks box #1 must also fill out the section below showing their workers' comp. insurance required.] 1. □ Now contractors must submit a new affidavit indicating such. Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have mployees. If the sub-contractors have employees, they must provide their workers' comp. policy number.
am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site nformation.
nsurance Company Name: The Hartford
Policy # or Self-ins. Lic. #: 08WECEL6364 Expiration Date: 04/02/2023
tob Site Address: <u>270 Franklin Village Drive</u> City/State/Zip: <u>Franklin</u> Ma 02038 Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a line up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of nvestigations of the DIA for insurance coverage verification.
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
Signature: Linda Slavenwhite Date: 3/8/23
Phone #: <u>508-756-7004</u>
Official use only. Do not write in this area, to be completed by city or town official.
City or Town: Permit/License # Issuing Authority (check one): 1 Board of Health 2 Building Department 3 City/Town Clerk 4. Electrical Inspector 5 Plumbing Inspector 6. Other

Contact Person:

Å

Phone #:___

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2022

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).								
PRODUCER	e cen	incate noider in ned of 30	CONTACT NAME: P		<u>).</u>			
Herlihy Insurance Group			NAME: P PHONE (A/C, No, Ext)		6 E1E0	FAX	E00 7E	1 5747
51 Pullman Street		-	(A/C, No, Ext) E-MAIL	t): 508-75	0-5159	FAX (A/C, No):	508-75	1-5/4/
Worcester MA 01606		-	ADDRESS:	certificate	es@herlihygro	pup.com		
						IDING COVERAGE		NAIC #
		SERRSIG-01	INSURER A :					
INSURED Serrato Signs, LLC		3ER(30-01	INSURER B :	: Sentry Ir	nsurance			
13-15 Dewey Street		-	INSURER C :	:				
Worcester MA 01609		-	INSURER D :	:				
		-	INSURER E :	:				
			INSURER F :					
		NUMBER: 149530326				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH POL	IREME TAIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY CC ED BY THE		OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPEC	т то \	WHICH THIS
INSR ADI LTR TYPE OF INSURANCE INS	D SUBR	POLICY NUMBER	PO (MM)	DLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
B X COMMERCIAL GENERAL LIABILITY Y	Y	A0123260003		12/2022	3/12/2023	EACH OCCURRENCE	\$ 1,000	,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00
						MED EXP (Any one person)	\$ 10,00	0
						PERSONAL & ADV INJURY	\$ 1,000	.000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000	.000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000	,
OTHER:							\$,000
B AUTOMOBILE LIABILITY Y	Y	A0123260004	3/*	12/2022	3/12/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
X ANY AUTO						BODILY INJURY (Per person)	\$,
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
B X UMBRELLA LIAB X OCCUB Y	Y	A0123260005	3/	12/2022	3/12/2023		•	000
		A0120200000	5/	12/2022	5/12/2025	EACH OCCURRENCE	\$ 1,000	,
						AGGREGATE	\$ 1,000	,000
A WORKERS COMPENSATION	Y	08WECEL6364		/2/2022	4/2/2023	X PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y / N		00000000000	4/	1212022	4/2/2023		. 1 000	000
ANYPROPRIETOR/PARTNER/EXECUTIVE Y N/	A					E.L. EACH ACCIDENT	\$ 1,000	,
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES								
Subject to policy terms, forms and conditions. and non-contributory basis as required by a wr	Certific	ate holder, and any person	or organiza	ation requ	ed Operation	ided as an Additional Insu	red on	a primary General
Liability, Auto Liability and Umbrella policy.			,					
A Waiver of Subrogation applies on the Genera	al Liabi	lity, Automobile Liability, Un	mbrella and	d Worker's	s Compensati	on when required by writte	en cont	ract.
**Susan Serrato is excluded from the Workers	Comp'	**						
	•							
			CANCELI					
		Ì						
Town of Saugus	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
298 Central Štreet, Suite 6		1	AUTHORIZED	DREPRESE	NTATIVE			
Saugus MA 01906								
			Jan	ous & Herl	ory en			
L				© 19	88-2015 AC	ORD CORPORATION.	All riał	nts reserved.

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

A) General Information

Name of Business or Project: Horace Mann Plaza
Property Address 255-319 East Central 84.
Property Address 200 ot (
Assessors' Map # Parcel #_ 285-107-000-000
Zoning District (select applicable zone): <u>Connecce</u>
Zoning History: Use Variance Non-Conforming Use
B) Applicant Information:
Applicant Name:Signs By Cam, Inc.
Address: Sign Dyper Union Street Suite C-18 Franklin, MA 02038
Telephone Number:
Contact Person: Can Afonso
C) Owner Information (Business Owner & Property Owner if different)
Business Owner: <u>Fuculty Shappes</u> Fair Property Owner: <u>Markling Alevirus</u> Address: <u>255 F. Central St.</u> <u>Fuculting MA</u> <u>Fuculting MA</u>
Address: 200 F. Central ST. Frankling MA
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this $\frac{day of}{day of}$
Signature of Applicant Signature of Owner
Can AfonsoMARCIA ALEVIZOSPrint name of ApplicantPrint name of Owner

*FOR SIGNS COMPLETE PAGES 1 & 2 ONLY. FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1 – 4

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

a. Sign Company Business Name:	Signs By Cam, Inc. 837 Upper Union Street	
Contact Person:	Suite C-18	
Address Telephone Number:	Franklin, MA 02038	

b. Architect/Engineer (when	applicable)
Business Name:	
Contact Person:	
Address	X
Telephone Number:	

E) Work Summary

Summary of work to be done: $vertee$	a 50	yeer	619	Pylon	Sish
--------------------------------------	------	------	-----	-------	------

F) Information & Materials to be Submitted with Application

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

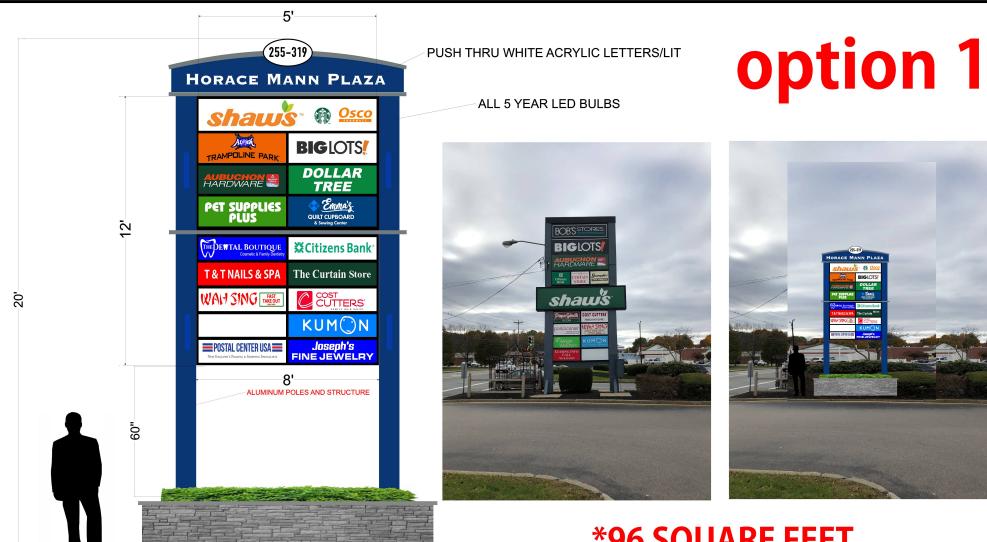
1. Drawing of Proposed Sign which must also include					
	type of sign (wall, pylon etc.)	colors			
	size/dimensions	materials			
	style of lettering	lighting-illuminated, non-illuminated and style			

- 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:

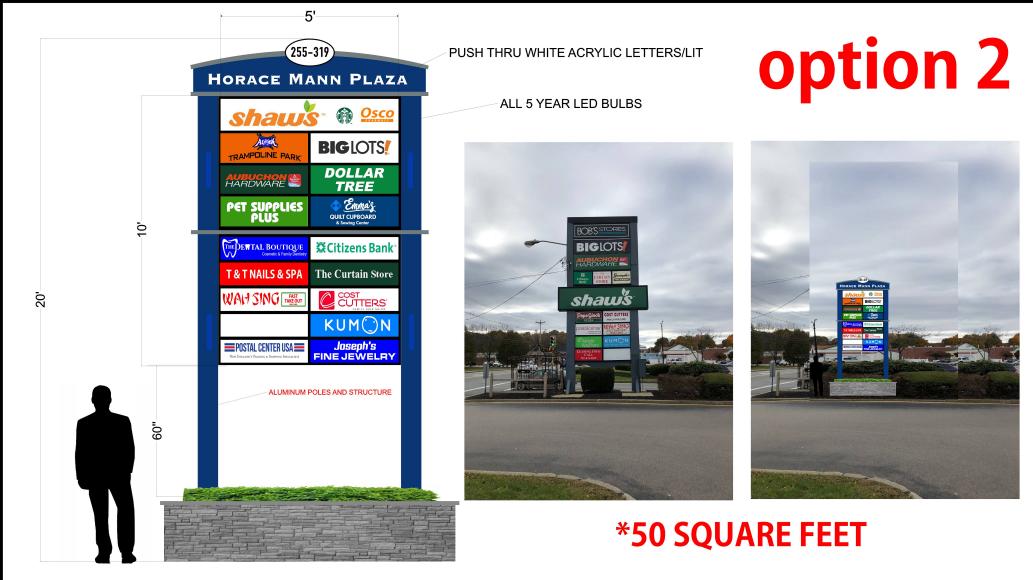
THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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
- 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



***96 SQUARE FEET**

C	3.00	APPROVED FOR	PRODUCTION:	COPYRIGHT ALL DRAWINGS ARE PROPERTY OF SIGNS BY CAM, Inc. ANY DUPLICATION OF ANY KIND IS PROHIBITED. PERSON(S) WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.	
organ	2y Can	JOB INFORMATION	SIGN MATERIAL SPECS	COLOR SPECS:	
Sign & Graphic Solutions · Uncompromising Integrity		JOB TITLE: CONTACT: PHONE:	BANNER: COROPLAST: WOOD: ACRYLIC: MAGNETIC: URETHANE:	BACKGROUND: COPY:	
Cam Afonso 837 Upper Union St., Suite C-18 Franklin, MA 02038	Phone: 508-364-2905 Fax/Office: 508-528-0766 E-Mail: cam@signsbycam.com Website: www.signsbycam.com	FAX: JOB DESCRIPTION:	PVC: ALUMINUM: NUEDGE: SINGLE SIDED: DOUBLE SIDED:	OUTLINE: SHADOW: BORDER:	
		SQUARE FOOTAGE:=	OTHER:	LOGO:	



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Sign & Graphic Solutions • Uncompromising Integrity	CONTAC PHONE:

Cam Afonso 837 Upper Union St., Suite C-18 Franklin, MA 02038 Phone: 508-364-2905 Fax/Office: 508-528-0766 E-Mail: cam@signsbycam.com Website: www.signsbycam.com

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JOB INFORMATION	SIGN MATERIAL SPECS	COLOR SPECS:
JOB TITLE: CONTACT: PHONE:	BANNER: COROPLAST: WOOD: ACRYLIC: MAGNETIC: URETHANE:	BACKGROUND: COPY:
FAX: JOB DESCRIPTION:	PVC: ALUMINUM: NUEDGE: SINGLE SIDED: DOUBLE SIDED:	OUTLINE: SHADOW: BORDER:
SQUARE FOOTAGE:=	OTHER:	LOGO:

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

A) General Information
Name of Business or Project: Frankling Children's
A) <u>General Information</u> Name of Business or Project: <u>Frankling Childnen's School</u> Property Address <u>900 Chestnut Street</u> De 14 248-078-000-000
Parcel # de Co
Zoning District (select applicable zone):
Zoning History: Use Variance Non-Conforming Use
B) Applicant Information:
Applicant Name:Signs By Cam, Inc. 837 Upper Union Street Suite C-18
Address:
Telephone Number: 508-364-2905 Contact Person: Can Afonsu
Concern Information (Business Owner & Property Owner if different)
C) <u>Owner Information (Dusiness Owner</u> and
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this $day of a y of a$
Signature of Applicant Signature of Owner
Print name of Applicant Print name of Owner Reve
Print name of Applicant r fint name of Owner
*FOR SIGNS COMPLETE PAGES 1 & 2 ONLY.

FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1-4

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

a. Sign Company	Signo By Com Inc.
Business Name:	Signs By Cam, Inc. 837 Upper Union Street
Contact Person:	Suite C-18
Address	Franklin, MA 02038
Telephone Number:	
b. Architect/Engineer (when a	applicable)
Business Name:	
Contact Person:	X
Address	
Telephone Number:	
E) Work Summary	
Summary of work to be done: _	replace old Sizz
F) Information & Materials to	o be Submitted with Application

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

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

- 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:

THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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
- 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



Sign & Graphic Solutions · Uncompromising integrity JOB TITLE: SIGN MATERIAL SPECS COLOR SPECS: BACKGROUND: Sign & Graphic Solutions · Uncompromising integrity JOB TITLE: BANNER: COROPLAST: WOOD: BACKGROUND: Cam Afonso Fax/Office: 508-364-2905 Fax/Office: 508-528-0766 FAX: JOB DESCRIPTION: PVC: ALUMINUM: NUEDGE: OUTLINE: Single Side Side Side Side Side Side Side Sid	Q: o 1	$\mathcal{B}(\mathcal{O})$	APPROVED FOR	. PRODUCTION:	COPYRIGHT ALL DRAWINGS ARE PROPERTY OF SIGNS BY CAM, Inc. ANY DUPLICATION OF ANY KIND IS PROHIBITED. PERSON(S) WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.
Sign & Graphic Solutions · Uncompromising Integrity CONTACT: WOOD: COPY: Phone: 508-364-2905 PHONE: PHONE: PHONE: PHONE: Sign & Graphic Solutions · Uncompromising Integrity Phone: 508-364-2905 PHONE: PHONE: PHONE: Sign & Graphic Solutions · Uncompromising Integrity Phone: 508-364-2905 Fax: JOB DESCRIPTION: ACRYLIC: MAGNETIC: URETHANE: OUTLINE: Sign & Wabeite: Fax/Office: 508-528-0766 Faxi: JOB DESCRIPTION: SINGLE SIDED: DOUBLE SIDED: OUTLINE: BordDer: Wabeite: Wabeite: Wabeite: Wabeite: Machine: OUTLINE:	Signst	In Can	JOB INFORMATION	SIGN MATERIAL SPECS	COLOR SPECS:
Cam Afonso Fax/Office: 508-364-2905 JOB DESCRIPTION: OUTLINE: 837 Upper Union St., Suite C-18 E-Mail: cam@signsbycam.com SINGLE SIDED: DOUBLE SIDED: OUTLINE: Franklin, MA 02038 Wabite: www.signsbycam.com Wabite: www.signsbycam.com SINGLE SIDED: DOUBLE SIDED: BORDER:	Sign & Graphic Solutions •	• Uncompromising Integrity	CONTACT: PHONE:		
SOUARE FOOTAGE:= OTHER: LOGO:	837 Upper Union St., Suite C-18	Fax/Office: 508-528-0766	JOB DESCRIPTION:	SINGLE SIDED: DOUBLE SIDED:	SHADOW:

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

A) General Information

Name of Business or Project: Hemilton
Property Address 101-102 Parther Way
Assessors' Map # Parcel #_270-038-000-000
Zoning District (select applicable zone): Connectial
Zoning History: Use Variance Non-Conforming Use
B) Applicant Information:
Applicant Name:
Telephone Number: 508-364-2905 Contact Person: Con
C) Owner Information (Business Owner & Property Owner if different)
Business Owner: <u>Griffing Roger</u> Property Owner: <u>Brieg Holmes</u> Address: <u>101- Penther Way</u> <u>Evenhling MA</u>
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this day of 20 Concle- Signature of Applicant Signature of Owner
Can Afons u Print name of Applicant Bria Holne 8

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

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

a. Sign Company		
Business Name:	Signs By Cam, Inc. 837 Upper Union Street	
Contact Person:	837 Upper Union Street	
Address	Franklin, MA 02038	
Telephone Number:		
Contact Person:		
Address		
Telephone Number:		
E) Work Summary		

Summary of work to be done: Instal Address Sign

F) Information & Materials to be Submitted with Application

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

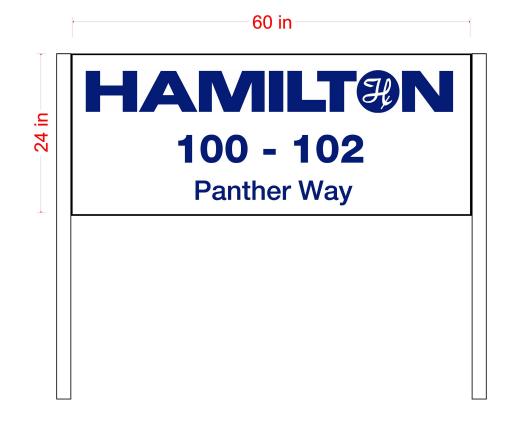
1. Drawing of Proposed Sign which mus	t also include
type of sign (wall, pylon etc.)	colors
size/dimensions	materials
style of lettering	lighting-illuminated, non-illuminated and style

- 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:

THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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





R.R.	APPROVED FOR	R PRODUCTION:	COPYRIGHT ALL DRAWINGS ARE PROPERTY OF SIGNS BY CAM, Inc. ANY DUPLICATION OF ANY KIND IS PROHIBITED. PERSON(S) WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.
Olghs Oy am	JOB INFORMATION	SIGN MATERIAL SPECS	COLOR SPECS:
Sign & Graphic Solutions • Uncompromising Integrity	JOB TITLE: CONTACT: PHONE:	BANNER: COROPLAST: WOOD: ACRYLIC: MAGNETIC: URETHANE:	BACKGROUND: COPY:
Cam AfonsoPhone: 508-364-2905837 Upper Union St., Suite C-18Fax/Office: 508-528-0766Franklin, MA 02038E-Mail: cam@signsbycam.comWebsite: www.signsbycam.com	FAX: JOB DESCRIPTION: SQUARE FOOTAGE:=	PVC: ALUMINUM: NUEDGE: SINGLE SIDED: DOUBLE SIDED: OTHER:	OUTLINE: SHADOW: BORDER: LOGO:

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

A) General Information

Name of Business or Project: La Conting Winery
Property Address 341 Union Sl.
Assessors' Map # Parcel #287 -055 - 000 -000
Zoning District (select applicable zone):
Zoning History: Use Variance Non-Conforming Use
B) Applicant Information:
Applicant Name: Signs By Cam, Inc. 837 Upper Union Street Suite C-18
Address: Franklin, MA 02038
Telephone Number: 502-364-2905
Contact Person: Con Afonso
C) Owner Information (Business Owner & Property Owner if different)
Business Owner: Bob Vozella Property Owner: 341 Cartile R.E. Address: 341 Unior 82 Frankly, MA 02038 Frankly, MA 02038
All of the information is submitted according to the best of my knowledge Executed as a sealed instrument this day of 20

CentAfoureBasVorellyPrint name of ApplicantPrint name of Owner

*FOR SIGNS COMPLETE PAGES 1 & 2 ONLY. FOR SITE PLANS, BUILDING PLANS, PROJECTS, COMPLETE PAGES 1-4

mcant))
	olicant

a. Sign Company Business Name: Contact Person: Address	Signs By Cam, Inc. 837 Upper Union Street Suite C-18 Franklin, MA 02038	
Telephone Number:	(Canvery :	

b. Architect/Engineer (when applicable)

Business Name:	
Contact Person:	
Address	
Telephone Number:	

E) Work Summary

Summary of work to be done:	Install	Pylon	t	Building
	<	inns		2
		0		

F) Information & Materials to be Submitted with Application

a) FOR SIGN SUBMISSIONS ONLY:

THE FOLLOWING MUST BE SUBMITTED ELECTRONICALLY TO Mkinhart@franklinma.gov

1. Drawing of Proposed Sign which	ch must also include
type of sign (wall, pylon of	
size/dimensions	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:

THE FOLLOWING MUST BE SUBMITTED W/APPLICATION to Mkinhart@franklinma.gov

- 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
- 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



Q: o I	\mathcal{Z}	APPROVED FOR	PRODUCTION:	COPYRIGHT ALL DRAWINGS ARE PROPERTY OF SIGNS BY CAM, Inc. ANY DUPLICATION OF ANY KIND IS PROHIBITED. PERSON(S) WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.
Sign & Graphic Solutions	Uncompromising Integrity	JOB INFORMATION JOB TITLE: CONTACT: PHONE:	SIGN MATERIAL SPECS BANNER: COROPLAST: WOOD: ACRYLIC: MAGNETIC: URETHANE:	COLOR SPECS: BACKGROUND: COPY:
Cam Afonso 837 Upper Union St., Suite C-18 Franklin, MA 02038	Phone: 508-364-2905 Fax/Office: 508-528-0766 E-Mail: cam@signsbycam.com Website: www.signsbycam.com	FAX: JOB DESCRIPTION: SQUARE FOOTAGE:=	PVC: ALUMINUM: NUEDGE: SINGLE SIDED: DOUBLE SIDED: OTHER:	OUTLINE: SHADOW: BORDER: LOGO:

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

A) General Information

Name of Business or Project: 138 East Central St, Franklin, MA 02038

Property Address 138 East Central St

Assessors' Map # 286 Parcel # 286-027-000

Zoning District (select applicable zone): Commercial 1

Zoning History: Use Variance______ Non-Conforming Use______

B) Applicant Information:

Applicant Name: <u>138 East Central Street, LLC</u>

Address: 37 East Central St, Franklin, MA 02038

Telephone Number: 508-507-9020

Contact Person: Brad Chaffee

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 9^{m} day of April 2023

Signature of Applicant

Signature of Owner

Brad Chatfee

Print name of Applicant

Print name of Owner

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

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

a. Sign Company	
Business Name:	
Contact Person:	
Address	
Telephone Number: _	

b. Architect/Engineer (when applicable)

Business Name: Kuth Ranieri Architects Contact Person: Scott Bascom Address 32A Main St, STE 2, Franklin, MA 02038 Telephone Number: 508-538-9611

E) Work Summary

Summary of work to be done: Replace existing windows behind vinyl siding_____

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:

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.

DESIGN STANDARDS

Explain how each of the design standards outlined below has been incorporated into the design of the proposed development. Fill in the information in the spaces provided or use a separate sheet.

1. **Height**—The height of any proposed alteration shall be compatible with the style and character of the surrounding buildings, within zoning requirements.__To remain_____

2. **Proportions of Windows and Doors** – The proportions and relationships between doors and windows shall be compatible with the architectural style and character of the surrounding area. <u>The proportions of windows and doors reflect the architectural style of the surrounding area for store front retail glass</u>

3. **Relations of Building Masses and Spaces** – The relationship of a structure to the open space between it and adjoining structures shall be compatible. <u>To remain</u>

4. **Roof Shape** – The design and pitch of the roof shall be compatible with the architectural style and character of the surrounding buildings. <u>To remain</u>

5. **Scale** – The scale of the structure shall be compatible with its architectural style and the character of the surrounding buildings. <u>To remain</u>

6. **Façade, Line, Shape & Profile** – Facades shall blend with other structures in the surrounding area with regard to the dominant vertical or horizontal context: <u>Facade materials are</u> existing concrete walls with new black aluminum glazing

7. Architectural Details – Architectural details, including signs, materials, colors and textures shall be treated so as to be compatible with the existing and adjacent architectural character, thereby preserving and enhancing the surround area. _Details and material selections are designed to match existing character as well as add a modernized look to the downtown area

8. Advertising Features – The size, location, design, color, texture, lighting and materials of all permanent signs and outdoor advertising structures shall not detract from the use and enjoyment of the proposed buildings and structures and the surrounding properties. Once a business has leased the space, a sign design will be submitted.

9. **Heritage** – Removal or disruption of historic, traditional or significant uses, structures or architectural elements shall be minimized insofar as practicable. <u>The current structures have no major historical significance, we are bringing it back to its original intended design</u>

10. **Energy Efficiency** – To the maximum extent reasonably practicable, proposals shall utilize energyefficient technology and renewable energy resources and shall adhere to the principles of energyconscious design with regard to orientation, building materials, shading, landscaping and other <u>elements._This building is designed to meet all current energy code and will boost high efficient</u> interior fixtures______

11. **Landscape** - The landscape should improve the character and appearance of the surrounding area and parking areas should be located to the side or rear of buildings when reasonably possible. <u>None</u> porposed at this time______

SEE ADDENDA ATTACHED FOR INSTRUCTIONS TO ASSIST IN COMPLETING APPLICATION.

ADDENDA

INSTRUCTIONS FOR COMPLETION OF FORM Q-DESIGN REVIEW APPLICATION

A. General Information

- Please list name of Business as it will appear on sign or name of project or development, as the case may be, as well as the property address
- Assessors' Map & Parcel numbers may be obtained from tax bill, Town website @ <u>www.franklin.ma.us/Town/Assessors/PropertyTax</u> or from the computer located outside the Assessor's Office, first floor, Municipal Building, 355 East Central Street.
- Zoning District and Zoning History information may be obtained at the Building Department, 1st floor, Municipal Building
- B. Applicant Information complete and include name of contact person w/ phone number
- C. Owner Information if business owner and property owner are not the same, please include information for both. If signage is within a shopping plaza—obtain letter of approval of sign changes from plaza owner.

<u>Page 2 –</u>

- D. Architect/Engineer or Sign Company Information:
 - Signs only Name of Sign Company and Contact Person
 - Developments & Projects Engineer and Architect Information as well
- E. Work Summary: Include brief summation of work to be done

Pages 3 & 4

- F. Information & Materials to be Submitted w/Application
 - a) SIGNS ONLY -
 - Nine (9) Copies of sign drawings and photos, which include information listed on Page 2 of the application
 - b) SITE PLAN APPLICATIONS FOR BUILDINGS/DEVELOPMENTS/PROJECTS.
 - Nine (9) Copies of all plans including information listed on Page 2 of application.
 - Please bring samples of siding and roofing materials and paint color samples to the meeting when scheduled.

DESIGN STANDARDS – For Buildings/Projects and Developments, please complete Pages 3 and 4 as they apply to your project.

ALL APPLICATIONS WITH NINE (9) COPIES OF SUPPLEMENTARY INFORMATION MUST BE FILED BY CLOSE OF BUSINESS ON WEDNESDAY PRIOR TO THE FOLLOWING TUESDAY MEETING. MEETINGS ARE GENERALLY TWICE A MONTH THE 2ND & 4TH TUESDAY OF THE MONTH.

FOR SIGN APPLICATIONS ONLY, YOU NEED ONLY COMPLETE PAGES 1 & 2 OF APPLICATION.

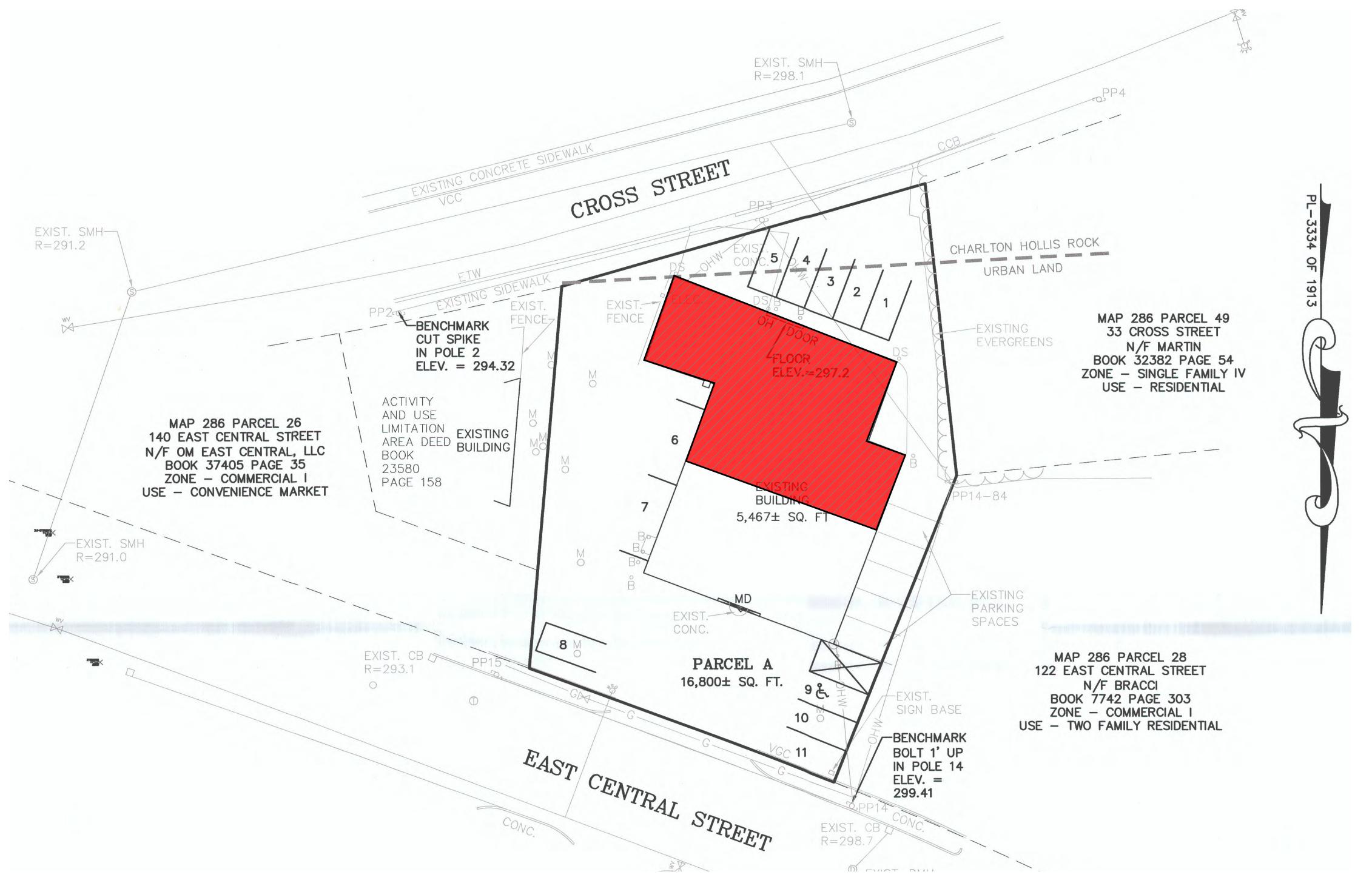
138 EAST CENTRAL ST

138 E. Central St.

PROPOSED DEVELOPMENT DESIGN REVIEW PRESENTATION

Downtown Franklin





SITE PLAN NTS PROPOSED DEVELOPMENT 138 EAST CENTRAL ST







EAST ELEVATION









PROPOSED DEVELOPMENT 138 EAST CENTRAL ST





NEW ENTRY RENDERING





