

201901224



TOWN OF WELLESLEY - BUILDING DEPARTMENT
SIGN PERMIT APPLICATION

PURSUANT TO MA STATE BUILDING CODE - 780 CMR
AND TOWN OF WELLESLEY ZONING BYLAWS, SECTION XXIIIA

For Office Use Only
APP # _____

Date 09/28/2020

PLEASE COMPLETE ALL SECTIONS IN FULL

DRB-20-405

Rec'd
\$50.00
CK#9514
\$100.00
CK#9515

SECTION 1 - PROPERTY / BUSINESS ADDRESS & OWNERSHIP

1.1 Property Address (Number and Street)
200 worcester St. Wellesley MA

1.2 Unit / Suite

1.3 Property Owner of Record
Dr Fardad Moped
Name (Print) 14 Webb Ave, Wellesley MA 02481
Mailing Address
6175123767
Telephone
If new owner, Book / Page and Date title recorded

1.4 Business Name
Wellesley Pediatric Dentistry And Orthodontics

1.5 Business Owner
Dr Fardad Moped
Name (Print) 6175123767
Telephone

SECTION 2 - CONSTRUCTION SERVICES

2.1 Sign Contractor
Sofistech Inc
Name (Print) License Number (if applicable)
121 Broadway, Revere MA 02151
Address Expiration Date
617-596-6274 7815843333
Telephone Cell Wellesley Registration Number (CID)

SECTION 3 - SIGN DETAILS - Please note that a certified plot plan must accompany all applications for free standing signs.

SIGN 1 Does this sign replace an existing one? Y N

1. Type Wall Window Standing Awning

2. Dimensions Height (ft/in) 6 Width (ft/in) 4 Area (sq. ft.) 24 Area of Facade Letter Height (in)

3. Location Height of highest part of sign / awning above ground elevation 16" 88"
Will this sign project into, on or over a public sidewalk, street or way? Y N

4. Materials: 0.90 gauge Aluminum and Acrylic

5. Colors Background Color Hunter green and Beige Lines Lettering Color White

6. Illumination Y N If Yes... Internally Externally How?

7. Wording Wellesley Pediatric Dentistry and Orthodontics = north gate dental and Doctors Names on attachment

SIGN 2 Does this sign replace an existing one? Y N

1. Type Wall Window Standing Awning

2. Dimensions Height (ft/in) Width (ft/in) Area (sq. ft.) Area of Facade Letter Height (in)

3. Location Height of highest part of sign / awning above ground elevation
Will this sign project into, on or over a public sidewalk, street or way? Y N

4. Materials:

5. Colors Background Color Lettering Color

6. Illumination Y N If Yes... Internally Externally How?

7. Wording

SIGN 3 Does this sign replace an existing one? Y N

1. Type Wall Window Standing Awning

2. Dimensions Height (ft/in) Width (ft/in) Area (sq. ft.) Area of Facade Letter Height (in)

3. Location Height of highest part of sign / awning above ground elevation
Will this sign project into, on or over a public sidewalk, street or way? Y N

4. Materials:

5. Colors Background Color Lettering Color

6. Illumination Y N If Yes... Internally Externally How?

7. Wording

SECTION 4 - APPLICATION DECLARATION

I (we) the undersigned, as permit Applicant(s), hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my (our) knowledge and belief.

Signed under the pains and penalties of perjury.

Freduel M. Patel 9-28-20

Owner Signature* _____ Date _____ Sign Contractor Signature (required if identified on front) _____ Date _____
 *If the owner has authorized an agent to act on his/her behalf, please include a signed authorization letter with this application.

ZONING DETERMINATION / AUTHORIZATION — FOR OFFICE USE ONLY

In accordance with Section XXIIA of the Town of Wellesley's Zoning Bylaws, the sign(s) submitted on this application require:

- "By Right" review
- Special Permit approval

Please obtain signatures identified below and make any changes to the application details as required.

DESIGN REVIEW BOARD

Authorized Signature _____ Date _____ DBS # _____

ZONING BOARD OF APPEALS

Authorized Signature _____ Date _____ ZBA # _____

BUILDING DEPARTMENT

Authorized Signature _____ Date _____

SECTION 5 - DESIGN REVIEW BOARD APPLICATION REQUIREMENTS

- 9 Copies of the following
 - Samples of all colors proposed to be used on sign or awning.
 - Scaled, dimensioned drawing of the sign/awning including lettering, borders and other design elements (minimum scale 3/4 of an inch or larger).
 - Location plan for standing signs showing distance, setback from property lines (minimum scale 1/40 of an inch or larger).
 - Drawing of façade showing proposed placement of sign/awnings in relation to trim/significant architectural elements (minimum scale 1/4 of an inch or larger).
 - Color photographs of the façade and adjacent buildings.
- FEE:** Please make check payable to the: "Town of Wellesley"
 Awnings - \$ 50.00
 By Right Signs - \$ 50.00
 Special Permit Signs - \$ 150.00

For Office Use Only

APPLICATION # _____

SIGN PERMIT

Property (Number and Street) _____

Date Permit Granted _____

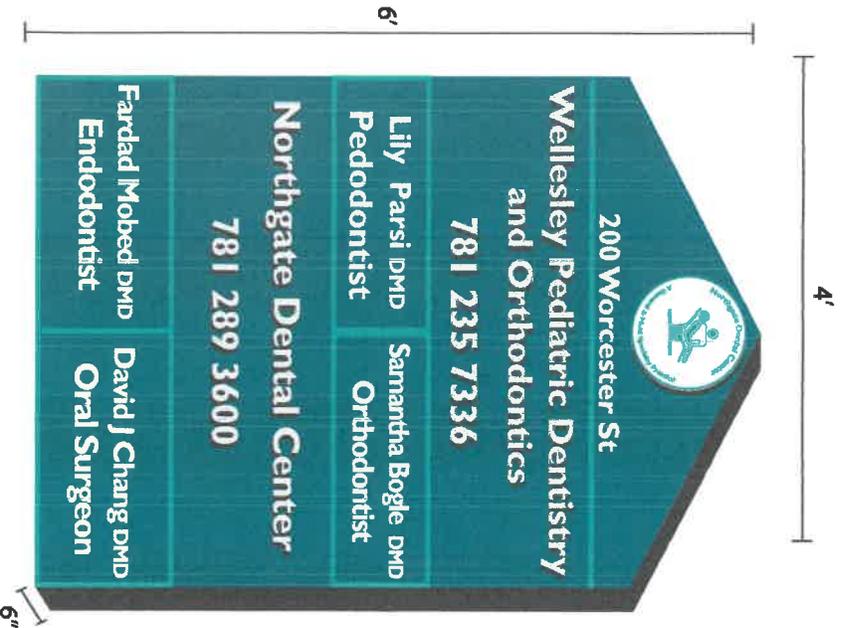
Reviewed By _____

Fees Collected:

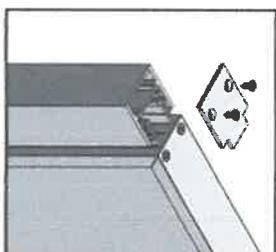
Permit _____
 Microfilming _____

TOTAL \$ _____

- New Sign
- Internally LIT
- Push Thru
- Two poles on the ground



200 Worcester St Wellesley Pediatric Dentistry and Orthodontics 781 235 7336	
Lily Parsi DMD Pedodontist	Samantha Bogle DMD Orthodontist
Northgate Dental Center 781 289 3600	
Fardad Mobeid DMD Endodontist	David J Chang DMD Oral Surgeon



EXAMPLE



200 Worcester St Wellesley Pediatric Dentistry and Orthodontics 781 235 7336	
Lily Parsi DMD Pedodontist	Samantha Bogle DMD Orthodontist
Northgate Dental Center 781 289 3600	
Fardad Mobeid DMD Endodontist	David J Chang DMD Oral Surgeon

TOTAL PRICE: \$4,500.00