

TOWN OF WELLESLEY - BUILDING DEPARTMENT SIGN PERMIT APPLICATION

For Office Use Only

PURSUANT TO MA STATE BUILDING CODE - 780 CMR

AND TOWN OF WELLESLEY ZONING BYLAWS, SECTION XXIIIA

APP # _____

Date 07/22/2021

PLEASE COMPLETE ALL SECTIONS IN FULL

SECTION 1 - PROPERTY / BUSINESS ADDRESS & OWNERSHIP

1.1 Property Address (Number and Street) 981 Worcester Street	1.2 Unit / Suite 2A
1.3 Property Owner of Record Cohen, Steven A, TrusteeCEA Wellesley Trust	1105 Massachusetts Ave, Suite 2F, Cambridge, MA 02138
Name (Print) 617-997-1130 x121	Mailing Address
Telephone	If new owner, Book / Page and Date title recorded
1.4 Business Name The Vascular Care Group	
1.5 Business Owner Sarah Scheffel	617-829-3383
Name (Print)	Telephone

SECTION 2 - CONSTRUCTION SERVICES

2.1 Sign Contractor
ADD-A-SIGN LLC

Name (Print) _____ License Number (if applicable) _____

136 Pond Street, Leominster, MA 01453

Address _____ Expiration Date _____

978-466-9000 978-407-4922

Telephone _____ Call _____ 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) 4'-2" Width (ft/in) 12'-7" Area (sq. ft.) 50.24 Area of Facade 700sq ft Letter Height (in) Various

3. Location Height of highest part of sign / awning above ground elevation 15'-4"

Will this sign project into, on or over a public sidewalk, street or way? Y N

4. Materials: 063 & .090" Aluminum Front & Sides/ Polycarbonate for Rear of Letters(will not be seen)

5. Colors Background Color Facade is Silver Lettering Color Red & Blue + See Power

6. Illumination Y N If Yes... Internally Externally How? Reverse/Halo White Illumination

7. Wording The Vascular Care Group

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) _____

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: _____ Lettering Color _____

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) _____

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.

See Attached

Timothy J. Grautski

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 _____ DRB # _____

- 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 \$ _____



Property Owner Authorization

The purpose of this form is to give ADD-A-SIGN Company the authorization to act as an agent in applying for sign permits for a specific property. Please have your landlord complete and sign this form to expedite the permitting process. If you are receiving this form, then the underlying city/town required landlord approval.

PROPERTY /OWNER INFORMATION: *(Please have landlord/owner complete info/sign where the red X's are)*

ADDRESS OF PROPERTY: 981 Worcester Street, Suite 2A, Wellesley, MA 02482

OWNER/LANDLORD OF RECORD: Steven A. Cohen, Trustee of CEA Wellesley Trust

MAILING ADDRESS: 1105 Massachusetts Avenue, Suite #2F, Cambridge, MA 02138

PHONE NUMBER: 617-997-1130 x121

BUSINESS/TENANT INFORMATION:

BUSINESS NAME: The Vascular Care Group

BUSINESS OWNER NAME: Sarah Scheffel

ADDRESS: 981 Worcester Street, Suite 2A, Wellesley, MA 02482 PHONE: (617) 829-3383

FAX: _____ E-MAIL: sscheffel@mangrovemp.com

OWNER AUTHORIZATION:

I, STEVEN COHEN as owner of the above property hereby authorize the ADD-A-SIGN Company to act on my behalf in all matters relative to work authorized by a building permit application.

OWNER SIGNATURE:  DATE: July 21, 2021

AUTHORIZED AGENT DECLARATION: *(To be signed by an authorized ADD-A-SIGN agent)*

I, ADD-A-SIGN Company, acting as the authorized agent agree to abide by the rules and regulations of the city/town ordinances and declare that the information above is true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

NAME: Timothy Grautski (ADD-A-SIGN LLC) SIGNATURE:  DATE: 7/21/2021



PARCEL ID: 200-31- -
ZONE: Business

981 Worcester St.
Wellesley, MA

BUILDING SIGNAGE
HALO (REVERSE) ILLUMINATED SURFACE MOUNTED CHANNEL LETTERS

FRONT ELEVATION VIEW



* WHITE LED FOR WHITE HALO

Authorized Signature: _____ Print Name: _____ Date: _____



ADD-A-SIGN LLC
136 Pond Street
Leominster, MA 01453
978.466.9000 Fax: 978.537.0095
www.addasign.com

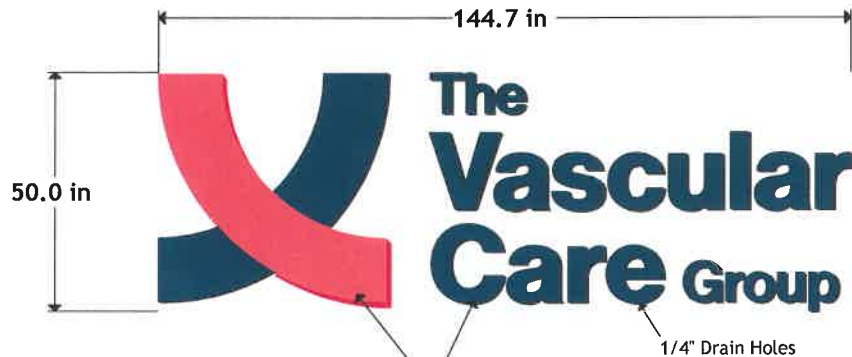
Scope of Work:
Install A set of UL Listed Surface Mounted, Halo (Reverse) LED Illuminated Channel Letters to ACM Facade of Building. Silicone & Seal Wall Penetrations. Install and Wire Low Voltage PS Boxes. Final Electrical Connection by Others.

Artwork Disclaimer: Due to the nature of the printing process, the colors represented in this proof are approximate and should be used solely for proofing purposes only. If actual colors or PMS colors are listed, it is recommended that you refer to a Pantone color guide for actual colors. All scales are approximate unless measurements are specifically shown. By signing this proof indicates that you approve of the colors and sizes and have verified such.

BUILDING SIGNAGE
HALO (REVERSE) ILLUMINATED SURFACE MOUNTED CHANNEL LETTERS

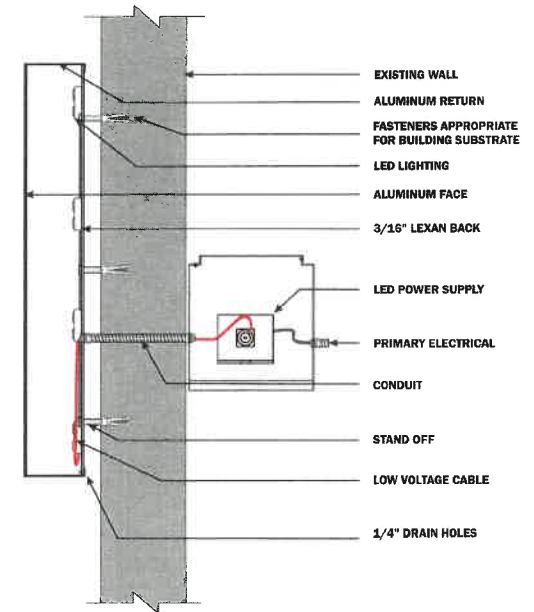
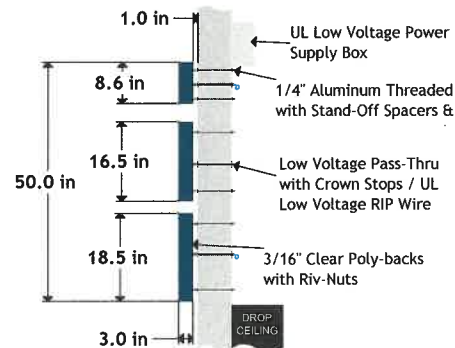
SURFACE MOUNTED HALO LIT CHANNEL LETTERS
SHOP DRAWINGS & CUT SHEET

FRONT VIEW

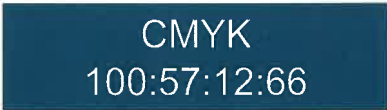
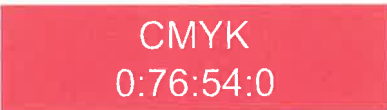


.090 Aluminum Faces with .063/ 3" Deep Welded Returns
Painted with Matthews Architectural Polyurethane Enamel

SIDE VIEW



Reverse Channel - LED Halo Illuminated



Authorized Signature: _____ Print Name: _____ Date: _____



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ADJACENT PROPERTIES

987 Worcester St.



965 Worcester St

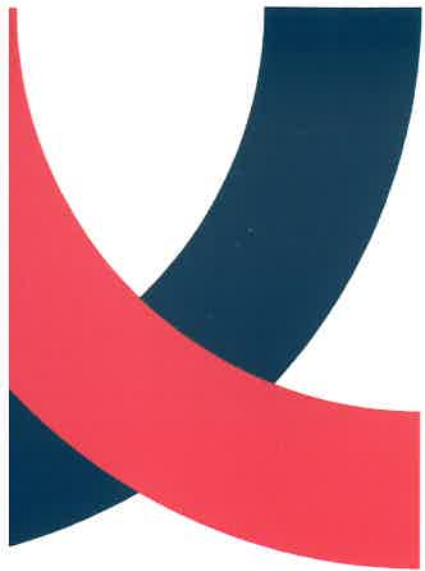


984 Worcester St.



978 Worcester St.





The
Vascular
Care Group