

**TOWN OF WELLESLEY - BUILDING DEPARTMENT
SIGN PERMIT APPLICATION**

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

For Office Use Only

APP #

DRB-22-188

Date

PLEASE COMPLETE ALL SECTIONS IN FULL

SECTION 1 - PROPERTY / BUSINESS ADDRESS & OWNERSHIP	
1.1 Property Address (Number and Street) 99 Central Street Wellesley MA	1.2 Unit / Suite
1.3 Property Owner of Record Central Investors Limited Partnership Name (Print) 116 Huntington Avenue, Suite 600 Boston MA 02116 Address 781-707-4000 Telephone (If new owner, Book Page and Date title recorded)	
1.4 Business Name La Toscana	
1.5 Business Owner Paul Boucher Name (Print) 781-449-6777 Telephone	
SECTION 2 - CONSTRUCTION SERVICES	
2.1 Sign Contractor Fastsigns Name (Print) License Number (if applicable) 15 Kearney Road, Needham MA 02494 Address 781-444-4889 Telephone 107764 Wellesley Registration Number (10)	
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 <input type="checkbox"/> N <input type="checkbox"/>	
1. Type	<input checked="" type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input type="checkbox"/> Awning
2. Dimensions	Height (ft/in) 30 Width (ft/in) 144 Area (sq. ft.) 30 Area of Facade 166 Letter Height (in) 14
3. Location	Height of highest part of sign / awning above ground elevation 158" Will this sign project into, on or over a public sidewalk, street or way? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
4. Materials:	(1x) Black Aluminum Bar Frame, Aluminum 040 Insert, 3D 1" Acrylic Text/Graphics
5. Colors	Background Color Pantone 1205C 10% (cream) Lettering Color Black, Red
6. Illumination	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> Externally How?
7. Wording	LA TOSCANA'S
SIGN 2 Does this sign replace an existing one? Y <input type="checkbox"/> N <input type="checkbox"/>	
1. Type	<input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input checked="" type="checkbox"/> 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 <input type="checkbox"/> N <input type="checkbox"/>
4. Materials:	
5. Colors	Background Color Lettering Color
6. Illumination	Y <input type="checkbox"/> N <input type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> Externally How?
7. Wording	
SIGN 3 Does this sign replace an existing one? Y <input type="checkbox"/> N <input type="checkbox"/>	
1. Type	<input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input type="checkbox"/> 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 <input type="checkbox"/> N <input type="checkbox"/>
4. Materials:	
5. Colors	Background Color Lettering Color
6. Illumination	Y <input type="checkbox"/> N <input type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> 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.

DocuSigned by:

 Steven Schinde 4/5/2022 Date

Owner signature: 061B0608B2F84200 Date: 4/5/2022
 * 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 _____ Title _____ Date _____

ZONING BOARD OF APPEALS

Authorized Signature _____ Title _____ Date _____

BUILDING DEPARTMENT

Authorized Signature _____ Title _____ 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 distances, setback from property lines (minimum scale 1/40 of an inch or larger).
 - Drawing of facade 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 facade 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 \$ _____

Bulfinch

116 Huntington Avenue
Suite 600
Boston, MA 02116

April 6, 2022

Via United States Postal Service

Town of Wellesley -Building Department
525 Washington Street, Lower Level
Wellesley, MA 02482

Re: Property Owner's Consent for Installation of Signage;
99 Central Street, Wellesley, MA (the "Property")

To Whom It May Concern:

I am writing this letter on behalf of Central Investors Limited Partnership (the "Owner"), owner of the above referenced property.

Please accept this letter as Owner's approval of the attached Sign Permit Application provided by FastSigns on behalf of Paul Boucher d/b/a La Toscana's, a new tenant at the Property.

Please do not hesitate to contact me directly at (781) 707-4000, should you have any questions or require any additional information.

Thank you.

Sincerely,

CENTRAL INVESTORS LIMITED PARTNERSHIP

DocuSigned by:



By: Robert A. Schlager
Title: Vice President

cc: Mark R. DiOrio, Esquire
FastSigns

DISCOVER + DELIVER

T: 781.707.4000 | F: 781.707.4001 | bulfinch.com



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Fastsigns of Needham

Address: 15 Kearney Road

City/State/Zip: Needham, MA 02494

Phone #: 781-444-4889

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>8</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other SIGN

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside 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 employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: NorthStar Insurance Services, Inc.

Policy # or Self-ins. Lic. #: WS7939263

Expiration Date: 08/01/2022

Job Site Address: 99 Central Street

City/State/Zip: Wellesley, MA 02482

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 fine 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 Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Steven Schwede

Date: 03/20/2022

Phone #: 781-444-4889

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other _____

Contact Person: _____ Phone #: _____

Tel 781-444-4889 Fax 781-444-8577 • 310@fastsigns.com

Primary Signage



- COLORS:
- Black
 - PMS 485 C
 - PMS 7727 C
 - PMS 1205 C 10%

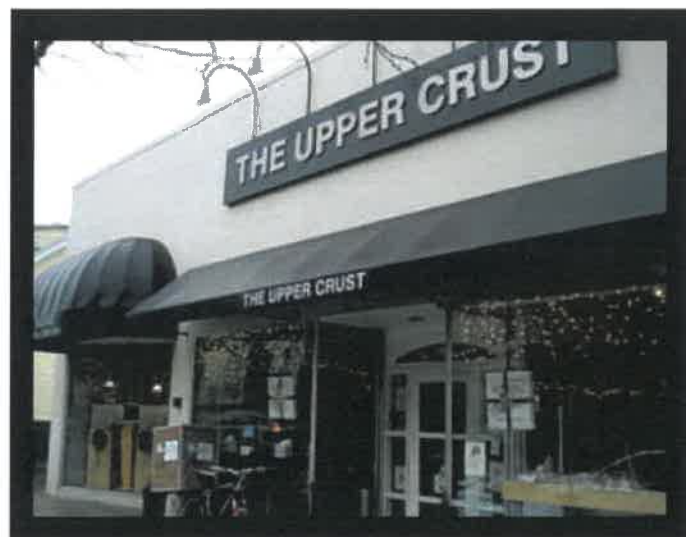
STYLE:

Black Aluminum Bar Frame with Aluminum Insert with Printed Vinyl Overlay with Lustre Laminate,
1" Black Acrylic Flat Cut Letters
Flush Mounted with Galvanized Studs

1" Painted Acrylic Flat Cut Graphic with Printed Vinyl Decal with Lustre Laminate Applied to Face,
Flush Mounted with Galvanized Studs

La Toscana's
Aluminum Bar Frame
3 Dimensional Acrylic Letters
99 Central Street
Wellesley, MA 02482

La "L" Height = 8in
Toscana's "T" Height = 14in
Logo Height = 9.76in
Sign Height = 144in
Sign Width = 30in
Sign Square Footage = 30sq'
Primary Grade to Ground = 130in



Previous Tenant Signage



Proposed Signage

Grade 130" From Top of Sign to Ground

Left Side Mounting Detail



*Graphics not to scale but are proportionate.

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Neighborhood View

*La Toscana's
3 Dimensional Acrylic Letters
99 Central Street
Wellesley, MA 02482*

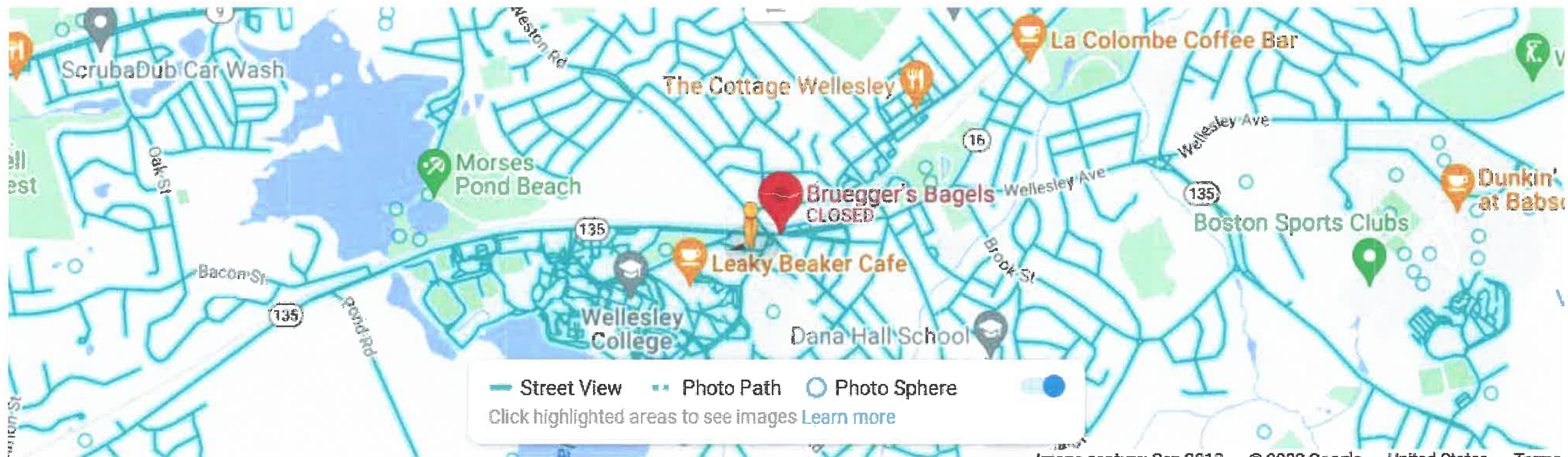


99 Central Street, Wellesley, MA 02482

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Aerial View

La Toscana's
 3 Dimensional Acrylic Letters
 99 Central Street
 Wellesley, MA 02482



99 Central Street, Wellesley, MA 02482

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