

SIGN APPLICATION-TOWN OF ESSEX

Date 8/4/23 APPLICATION FEE \$100.00 PERMIT # 2023-135
(includes recording fee) Appeal Period Expires _____
Zoning District _____

Address of Sign Location: 90 center rd MAP _____ PARCEL _____ LOT _____

Business Name for Sign: Market 32 (Price Chopper)

Type of Sign: Free Standing _____ (size) 3 @ 152.575 # (size)
Facade

Height (from ground level to top of free-standing sign): _____

Applicant's Mailing Address: 1320 RT 9 Castleton, NY 12033

Phone Number – Home: Work: 518-754-2006 Cell: Fax:

Applicant(s) Signature: [Signature]

Landowner(s) Signature: * ATTACHED *

INSTRUCTIONS FOR FILING APPLICATION:

All sign approval applications will be pursuant to the Town of Essex Sign Regulations contained within Section 25.10 of the Town of Essex Sign Regulations. A copy has been attached to this application form for your review and information. Approval or denial will be based upon a complete submittal of all the required information. In the case of denial of the application an explanation will be in writing.

INSTRUCTIONS FOR FREE STANDING SIGNS:

- a) Scaled lot plan indicating sign location;
- b) Diagram if sign with information according to the attached sample diagram.

INSTRUCTIONS FOR FAÇADE SIGNS:

- a) Plan of building façade and sign pursuant to the attached sample plan.

Note: The Zoning Administrator may require additional information to make a proper evaluation on a case by case basis.

On this 18th day of August, 2023, your application was: [Signature] approved _____ denied.

See attachment for conditions of approval or reasons for denial.

TOWN OF ESSEX
By: [Signature]
Zoning Administrator

ANY INTERESTED PERSON MAY APPEAL THE DECISION OF THE ZONING ADMINISTRATOR TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF PERMIT ISSUANCE. COMMENCING CONSTRUCTION WITHIN THIS 15 DAY APPEAL PERIOD IS PROHIBITED BY LAW.

Alexzia Potts

From: Lee. Thomas <ThomasLee@pricechopper.com>
Sent: Friday, August 18, 2023 10:54 AM
To: Sharon Kelley
Cc: Pat Boni; Alexzia Potts
Subject: RE: Essex Junction P E R M I T 90 Center Road

This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Perfect, thank you!

Please feel free to contact me if you have any questions...

Thanks
Tom

Thomas Lee
Design Project Manager
Design / Engineering
Market 32 / Price Chopper
461 Nott Street, Schenectady, NY 12308
Office: 518.379.1335
Cell: 518.275.3773

From: Sharon Kelley <skelley@ESSEX.ORG>
Sent: Friday, August 18, 2023 9:53 AM
To: Lee. Thomas <ThomasLee@pricechopper.com>
Cc: Pat Boni <pboni@saxtonsign.com>; Alexzia Potts <APotts@essex.org>
Subject: RE: Essex Junction P E R M I T 90 Center Road

[EXTERNAL]

Yes, as I said, it will be on the desk as you enter into the office. If no one is there, help yourself to it (make sure you grab the correct one – the address is on it!)

From: Lee. Thomas <ThomasLee@pricechopper.com>
Sent: Friday, August 18, 2023 8:10 AM
To: Sharon Kelley <skelley@ESSEX.ORG>
Cc: Pat Boni <pboni@saxtonsign.com>
Subject: RE: Essex Junction P E R M I T 90 Center Road

This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Good morning Sharon,
Sorry I wasn't able to follow up getting someone to your office yesterday to pick up the sign permit.
Would I be able to make that arrangement today or Monday?
Let me know And I will get someone from the store to pick up the permit.

Let me know, thanks for your assistance!

Please feel free to contact me if you have any questions...

Thanks

Tom

Thomas Lee

Design Project Manager

Design / Engineering

Market 32 / Price Chopper

461 Nott Street, Schenectady, NY 12308

Office: 518.379.1335

Cell: 518.275.3773

From: Pat Boni <pboni@saxtonsign.com>
Sent: Thursday, August 17, 2023 11:58 AM
To: Lee. Thomas <ThomasLee@pricechopper.com>
Subject: Essex Junction P E R M I T 90 Center Road

[EXTERNAL]

Please advise?

From: Darren Katz <dkatz@saxtonsign.com>
Sent: Thursday, August 17, 2023 11:19 AM
To: Pat Boni <pboni@saxtonsign.com>
Subject: FW: 90 Center Road

From: Sharon Kelley <skelley@ESSEX.ORG>
Sent: Thursday, August 17, 2023 11:18 AM
To: Darren Katz <dkatz@saxtonsign.com>
Cc: Alexzia Potts <APotts@essex.org>
Subject: RE: 90 Center Road

Hi, I believe I left a message for Maria of Sign Design.

Someone locally (store manager, store employee) needs to stop in at 81 Main St, 2nd Floor and pick up the permit. If no one is there, it will be on the reception desk as you come into the office. It will be an 11x17 laminated posting that needs to be placed by the roadside.

I would appreciate if this would be done today.

SK

From: Darren Katz <dkatz@saxtonsign.com>
Sent: Thursday, August 17, 2023 10:44 AM
To: Sharon Kelley <skelley@ESSEX.ORG>
Subject: 90 Center Road

⚠ This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Hi Sharon,

I was hoping you could provide me an update on the sign permits we submitted for the Price Chopper/Market 32 brand change on 8/5/23?

Thanks,
Darren Katz
Account Manager
518-754-2026 office

This message contains confidential information and is intended only for the individual(s) addressed in the message. If you aren't the named addressee, you should not disseminate, distribute, or copy this e-mail. If you aren't the intended recipient, you are notified that disclosing, distributing, or copying this e-mail is strictly prohibited.

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From:
Thomas Lee, Price Chopper Design Project Manager

The exterior building signage and pylon sign as shown in the attached drawing as produced by Saxton Signs is approved by Thomas Lee, Design Project Manager. On behalf of Price Chopper/Market 32, I hereby give Saxton Sign permission to obtain the signage permit.

Thomas Lee
Design Project Manager

STATE OF NEW YORK)
COUNTY OF SCHENECTADY) SS.:

On the 22nd day of July in the year 2021 before me, the undersigned a Notary Public in and for said state personally appeared Thomas Lee and personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual executed the instrument.

Notary Public

CARRIE TERRAFERMA
Notary Public, State of New York
No. 01TE6182413
Qualified in Albany County
Commission Expires September 2, 2024

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 141670108

SAXTON CORPORATION OF ALBANY
1320 RTE 9
CASTLETON NY 12033



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER SAXTON CORPORATION OF ALBANY 1320 RTE 9 CASTLETON NY 12033		CERTIFICATE HOLDER TOWN OF ESSEX 81 MAIN STREET ESSEX JUNCTION VT 05452-3209	
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POLICY NUMBER G 813 625-1	CERTIFICATE NUMBER 236066	POLICY PERIOD 11/01/2022 TO 11/01/2023	DATE 10/06/2022
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 813 625-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 144604335



AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY ARTHUR J GALLAGHER RISK MGMT SVCS INC		NAMED INSURED SAXTON CORPORATION, BONI SIGN CORP, 1320 ROUTE 9	
POLICY NUMBER S 2139450		EFFECTIVE DATE: 1/1/2023	
CARRIER SELECTIVE INS CO OF AMERICA	NAIC CODE 12572	CASTLETON ON HUDSON	NY 12033-9686

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

JOB #

JOB LOCATION