

SIGN APPLICATION-TOWN OF ESSEX

Date 5/1/23 APPLICATION FEE \$100.00 paid 5.2/23 PERMIT # 2023-132
(includes recording fee) ²⁰²³ Appeal Period Expires 8.25.23

Landowner Center Rd Properties LLC

Zoning District RB+BDC

Address of Sign Location: 51 Center Rd. MAP 087 PARCEL 001 LOT 001

Business Name for Sign: Heartworks Early Education

Type of Sign: Free Standing 68" x 75" (35.4 sf.) (size) Façade 80 x 105 (58 sf.) (size)

Height (from ground level to top of free-standing sign): 7 3/4'

Applicant's Mailing Address: Sign Design Inc. 170 Liberty St. Brockton MA 01901

Phone Number - Home: _____ Work: 508-580-0094 Cell: 508-245-7288 Fax: _____

Applicant(s) Signature: Nicole Handricken Sign Design

Landowner(s) Signature: see 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 10th day of August, 2023, your application was:
 approved denied.
with a condition as follows.

* See attachment for conditions of approval or reasons for denial.

All signage and its lighting shall adhere to Section 3.10 of the Zoning Regulations (SP), 2.A.

TOWN OF ESSEX
By: Sharon Kelley
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.



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/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): Sign Design Inc.

Address: 170 Liberty St.

City/State/Zip: Brockton MA 02301

Phone #: 508-580094

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>68</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 Signs

*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: Selective Insurance Company of the Southeast

Policy # or Self-ins. Lic. #: WC9080309

Expiration Date: 1/21/2024

Job Site Address: 51 Center Rd.

City/State/Zip: Essex VT 05450

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: Nicole Handwerker Sign Design

Date: 4/29/23

Phone #: 508-580-0094 x202

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: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2023

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 Roger Keith & Sons Insurance Agency 1575 Main Street Brockton MA 02301 | | CONTACT NAME: Shannon Gallagher PHONE (A/C, No, Ext): (508) 583-1106 E-MAIL ADDRESS: sgallagher@rogerkeith.com | | FAX (A/C, No): (508) 583-8478 | |
| INSURED Sign Design Inc 170 Liberty St Brockton MA 02301 | | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | | INSURER A: Selective Ins Co of South Carolina | | 19259 | |
| | | INSURER B: Selective Insurance Company of the Southeast | | 39926 | |
| | | INSURER C: | | | |
| | | INSURER D: | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** 2023-2024 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | S 2379251 | 01/21/2023 | 01/21/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LOCATION \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | A 9107007 | 01/21/2023 | 01/21/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ included PIP-Basic \$ 8,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | S 2379251 | 01/21/2023 | 01/21/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC 9080309 | 01/21/2023 | 01/21/2024 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy limits in effect at policy inception.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Building Regulations and Standards
Construction Supervisor

CS-068112

Expires: 08/21/2024

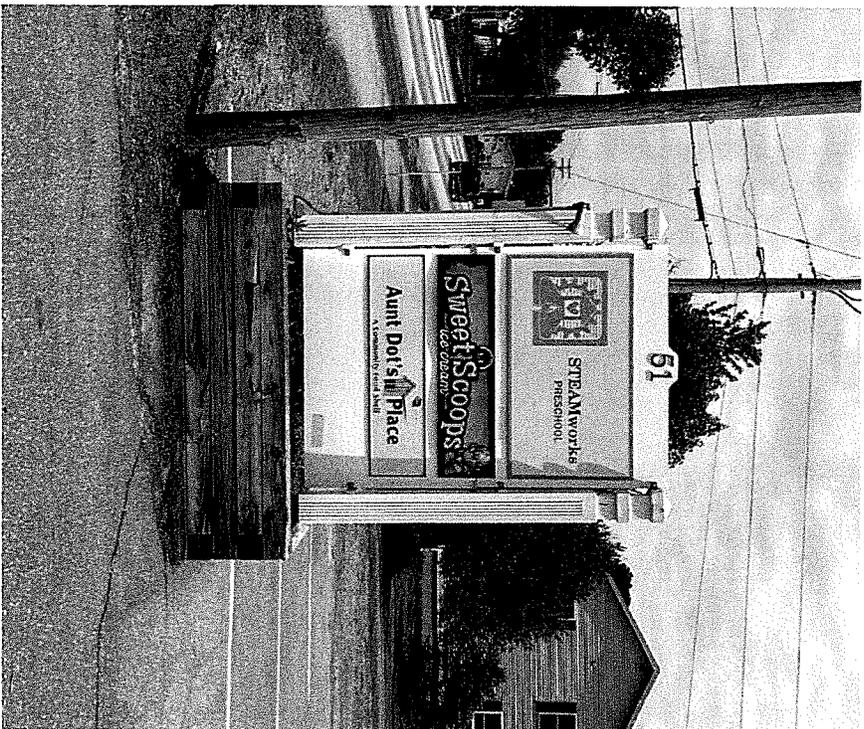
RALPH R FERRIGNO, JR
81 JOHNSON FARM ROAD
NEWBURY NH 03255



Commissioner *Hayla K. Elmira*

152499
Version 08
08-07-23

Little Sports
Heartworks
51 Center Rd
Essex Junction, VT
(Steam Works)



SD
SIGNSIGN
MULTIMEDIA AND DESIGN SERVICES

170 Liberty Street
Brooklyn, MA 02301
508-580-0094

CHASSY RIBBY
DESIGNER / ART DIRECTOR
MABLE MARCET
DESIGNER / ART DIRECTOR
SHAUN WHITE
DESIGNER / ART DIRECTOR
LAURIE KAIWAA
DESIGNER / ART DIRECTOR
CIVIL

SCALE 10%
SHEET
G03.01

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Pylon Sign | Externally-Illuminated

Quantity: 1 Double-Sided

- 1 Main Sign Structure**
 - 1.5" Aluminum Square Tube Frame
 - 600 Aluminum Spigot (Full Touch)
 - 1/2" Steel Tubes Direct Embed into Concrete (Feeding with PDU)
- 2 Raised Cabinet**
 - 2" Aluminum Square Tube Raised Frame
 - 1.5" Aluminum Fences (Panel: PMS 7741g)
 - Address Slugs: 1/2" White Acrylic FDS
- 3 Tazant Panel**
 - 1" Square-Tube Aluminum Frame
 - 900 White Aluminum Face and Back (on Ends Only)
 - Graphics: Digitally Printed (Laser) on UV80 Vinyl with 3M Matte Lamination
- 4 Exterior Lighting**
 - White Outdoor Lamps
- 5 Decorative Stone Base**
 - Client Supplied Stone Base
 - Sign Design to Supply Concrete Footing

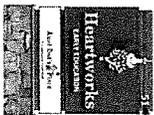
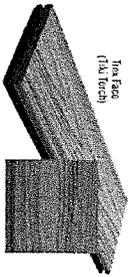
Heatworks

PMS 7741 C

Aunt Dot's

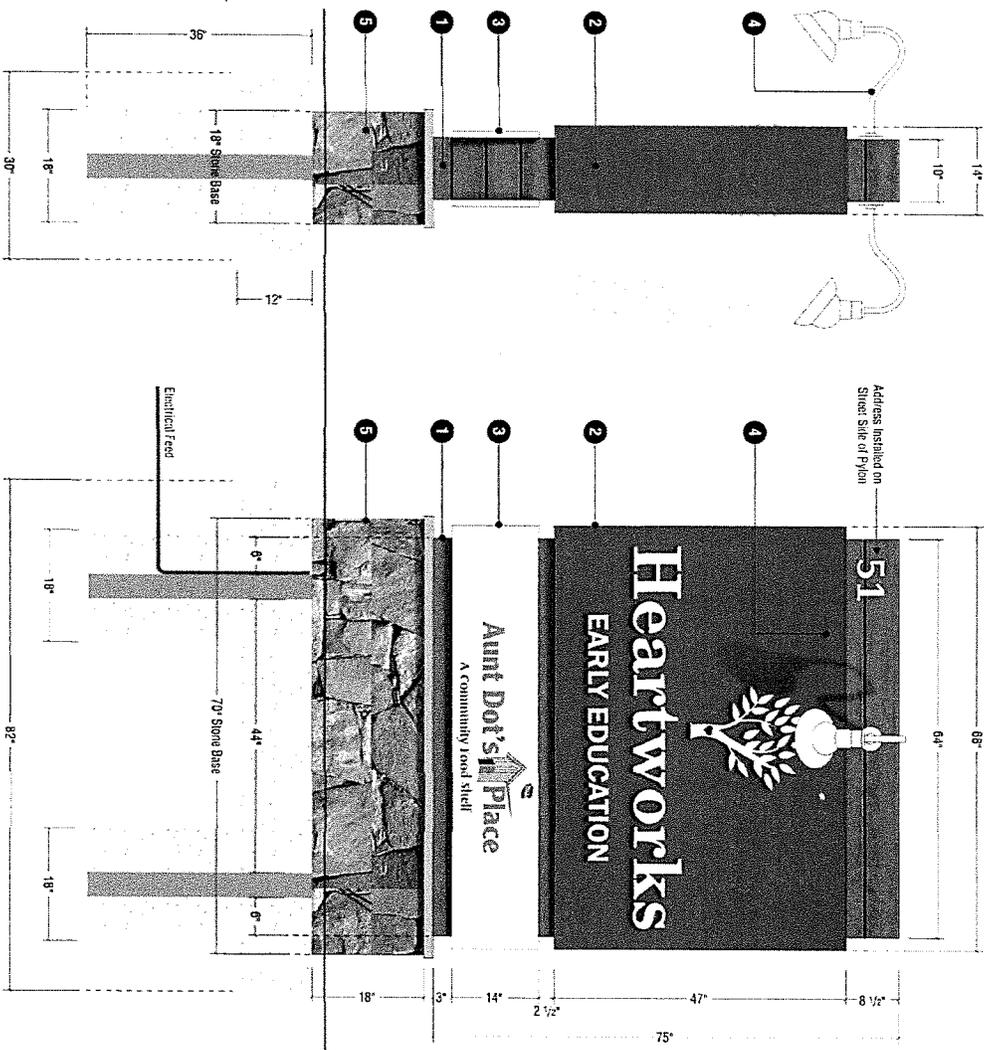
- Client Supplied CMYK (NO PMS Color Supplied)
- Client Supplied CMYK (NO PMS Color Supplied)

The Face
(Full Touch)



Address Installed on Street Side of Pylon

The sign is intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.



152499

Version 08
08-07-23

Little Sprouts
Heartworks
51 Center Rd
Essex Junction, VT
(Steam Works)



170 Liberty Street
Brookline, MA 02301
508-580-0094

PROJECT MANAGER:
Christy Ripley
DESIGNER:
Marie Mercier
PROJECT MANAGER:
Shawn White
CONTACT:
Laure Kalvas
857-333-3113
CW/

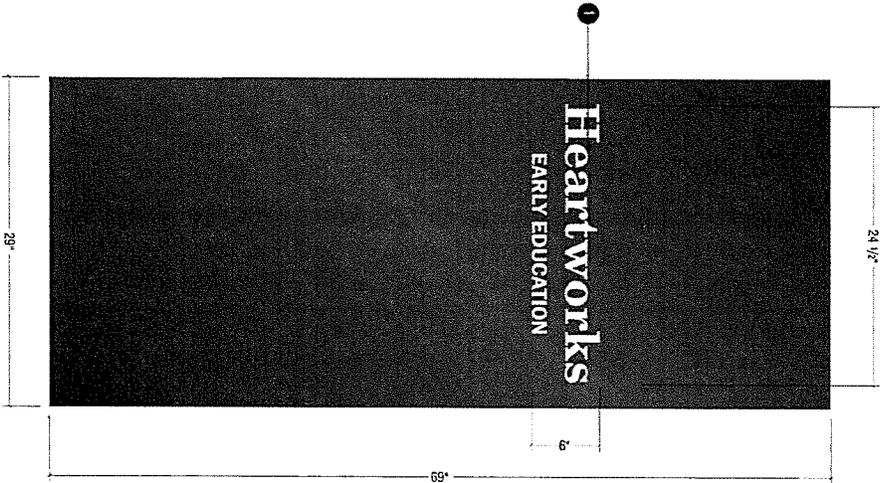
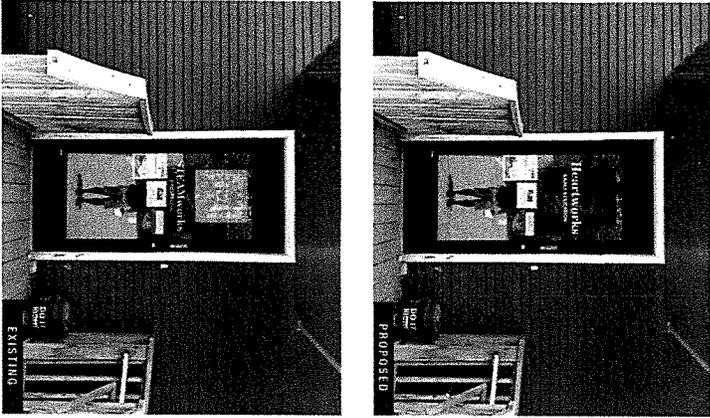
SCALE: 10x
SHEET
G03.00

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Vinyl Graphics

Quantity: 1

- 1 Surface Applied Vinyl, Avery A7 White (Contour Cut)
- 2 Peel Existing Graphic & Forward Apply New to Glass



152499
Version: 08
08-07-23

Little Sprouts
Heartworks
51 Center Rd
Essex Junction, VT
(Steam Works)

SIGNDESIGN
170 Liberty Street
Brockton, MA 02301
508-590-0094

CHRISSE RIPLEY
DESIGNER / ART DIRECTOR
MARIE MARCEUR
DESIGNER
SHEAN WHITE
ACCOUNT MANAGER
LAURA KALVAS
DESIGNER
ONY

SCALE 25%
SHEET
G02.00

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Building Sign | Non-Illuminated

Quantity: 1 Single-Sided Sign

- 1 Sign Panel
 - 2 Aluminum Square Tube Frame with .850 Aluminum Post Feet
 - Graphics Display Panel (Depth of 1.000 Vinyl with 3/16" Matte Lamination Graphics to Post Fit Seen on Post Feet)
 - Mechanically Fasten to Facade with Aluminum Angle Clips
- 2 Lighting
 - Qty: 2 Standard Goussewicks (White)

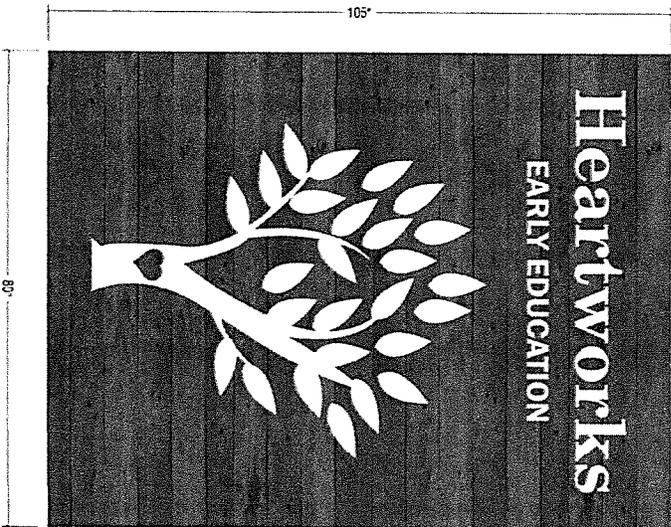


PROPOSED - PHOTO SCALE 1:40



EXISTING - PHOTO SCALE 1:40

It is typically recommended to space fixtures every 3-4 ft for optimal lighting.



152499

Version 08
08-07-23

Little Sprouts
Heartworks
51 Center Rd
Essex Junction, VT
(Steam Works)

SD
SIGNDESIGN
MARKETING & DESIGN

170 Liberty Street
Brookline, MA 02301
508-580-0094

441-574-8811
Chissy Riley
737 HART STREET, BROOKLINE
Marie Mercier
LESTER, MA 01545
Shaun White
MARKETING & DESIGN
Laurie Kalivas
LESTER, MA
01545

SCALE: 10%
SHEET
G01.00

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