

Village of Larchmont [villageoflarchmont.org](http://villageoflarchmont.org)  
 Building Department Architectural Review Board Application  
 120 Larchmont Avenue, Larchmont, New York 10538 Phone (914) 834-4349  
**SIGNAGE/AWNING ARB APPLICATION**

**TO BE COMPLETED BY APPLICANT**

Application Date:		Application Fee: \$150.00 Building Application Sign Fee: \$100.00 per sign Awning Fee: \$150.00 per awning	
<input type="checkbox"/> STOREFRONT SIGNAGE	<input checked="" type="checkbox"/> AWNING OR CANOPY OR FLAG	<input type="checkbox"/> GROUND SIGN Sign not attached to building	<input type="checkbox"/> ILLUMINATED SIGN

**SITE IDENTIFICATION INFORMATION**

Project Address:  
 No. 1875 Street Palmer Ave Larchmont NY 10538  
 Village of Larchmont Tax Map Designation:  
 Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_  
 Business Name: Pearl Skincare  
 Description of Project: instal of awnings

**APPLICANT/OWNER INFORMATION**

Contractor (Signage Company): <u>Sansigns and awnings</u>		Phone #: <u>914-375-6474</u> Fax#: <u>914-375-6689</u>	Email: <u>Jones@sansigns.com</u>
Owners Address: No. <u>925</u> Street: <u>Saw Mill Rice Rd</u> Town: <u>Yonkers</u> State: <u>NY</u> Zip: <u>10710</u>		Phone #: <u>914-36-3284</u> Fax#:	Email: <u>pearl.skincare10538@gmail.com</u>
Applicant (if different than owner): <u>Pearl Skincare</u>		Phone #: _____ Fax#:	Email: _____
Applicant Address (if different than owner): No. <u>1875</u> Street: <u>Palmer Ave</u> Town: <u>Larchmont</u> State: <u>NY</u> Zip: <u>10538</u>		Phone #: _____ Fax#:	Email: _____
Representatives & Title: <u>SONIA HUAPAYA</u>		Phone #: _____ Fax#:	Email: _____
Address: No. _____ Street: _____ Town: _____ State: _____ Zip: _____		Phone #: _____ Fax#:	Email: _____

**AFFIDAVIT OF OWNERSHIP**

State of New York  
County of Westchester

I, M. FAROOD KATHWARI being duly sworn;  
PRINT NAME  
 Deposits and states; that PALMER AVENUE ASSOCIATES is the Owner in fee of the premises to which this Application applies; that the Applicant is duly authorized to make this Application; and that the statements made here are true to the best of the Applicant's knowledge and belief, and that the work will be performed in the manner set forth in the Application filled therewith, and in accordance with all applicable laws, ordinances and regulations.

Signature: M. Farood Kathwari  
 Sworn to before me this 7th day of MARCH 2022

Denise Grasso  
 Notary Public, State of New York  
 #01GR5006786, Qual. In Westchester Co. NY  
 Commission Expires January 11, 2025  
 SEAL

Serial Presso  
 NOTARY



## SIGNAGE/AWNING ARB SUBMISSION REQUIREMENTS

The following are minimum presentation requirements.  
Additional supporting items may be requested by the reviewing Board.  
**Incomplete application packages may not be accepted / reviewed**

### CHECK LIST:

- Submit six (6) packets – each to include:

**SURVEY** *(Not necessary for proposed Storefront Signage; Ground Signs will require Survey)*

- Official stamped Survey, (no older than 3 years)
- Survey must show existing structures, setbacks, and property lines

**SITE PLAN** *(Not necessary for Storefront Signage; Ground Signs will require Site plan)*

- Show area of new work
- Site changes and proposed landscaping
- Setbacks, projections and adjacent structures

### PHOTOGRAPHS

- Photos of existing building elevations and any other relevant data such as:
  - Neighboring architecture, or precedents supporting design
- Scaled 3D renderings
- Photo collages are encouraged for visualization

**SIGNAGE REQUIREMENTS:** A true graphic representation including:

- Relate size, color, style, location to existing façade and adjacent properties
- Show location on the building
- Scale drawing of proposed structure – show dimensions
- Material/color samples at least 5"x5"
- Show proposed font
- Dimensions of letters and logo

- Show dimensions of all proposed font sizes and spacing in between all featured characters

- Projection of sign from the building structure or façade

**AWNING REQUIREMENTS:** A true graphic representation including:

- Relate size, color, style, location to existing façade and adjacent properties
- Show location on the building
- Scale drawing of proposed structure – show dimensions
- Material/color samples at least 5"x5"
- Show proposed font
- Dimensions of letters and logo

- Show dimensions of all proposed font sizes and spacing in between all featured characters

- Projection of awning from the building structure or façade
- Height and clearances from curb

Insurance Approved  
 Initial: \_\_\_\_\_  
 Lic. #: \_\_\_\_\_

**PERMIT APPLICATION**  
**Office of the Building Inspector**  
**Village of Larchmont**  
**914-834-6230**

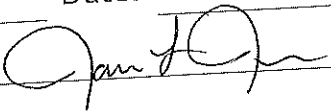
Plans Approved  
 Permit #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By: \_\_\_\_\_

**PLEASE NOTE: APPLICANTS MUST HAVE A WESTCHESTER COUNTY HOME IMPROVEMENT AND/OR PLUMBING LICENSE. IN ADDITION, IT IS THE CONTRACTOR'S RESPONSIBILITY TO MAKE SURE ANY ELECTRICIAN HIRED ALSO HAS A WESTCHESTER COUNTY LICENSE AND FILES THE JOB WITH AN ELECTRICAL INSPECTION COMPANY.**

- |  |   |
|--|---|
| <input type="checkbox"/> Building (New Construction)       | <input type="checkbox"/> Plumbing               |
| <input type="checkbox"/> Building (Alterations/Additions)  | <input type="checkbox"/> Sewer Connection       |
| <input type="checkbox"/> Street Opening                    | <input type="checkbox"/> Fence                  |
| <input type="checkbox"/> Sidewalk (Repair or Construction) | <input checked="" type="checkbox"/> Sign/Awning |
| <input type="checkbox"/> Ladder/Scaffold                   | <input type="checkbox"/> Other _____            |

- Description of Work: Area Location - Floor: Install and fabricate  
2 awnings of facade of building
- Cost of Work: \$ 5000.<sup>00</sup>      3. Fee Charged: \$ \_\_\_\_\_
- Applicant- Firm Name: San Signs & Awnings
- Address: 925 Saw Mill River Rd
- City/State/Zip: Yonkers NY 10710
- Contact Name: Jamie Jones      Phone/Cell: 914-375-6074
- Address of Proposed Work: 1875 Palmer Ave      Block: \_\_\_\_\_ Lot: \_\_\_\_\_
- Property Owner Name: Palmer Ave Assoc.      Phone/Cell: 914-654-0487
- Electrical Contractor Name: \_\_\_\_\_      Phone/Cell: \_\_\_\_\_

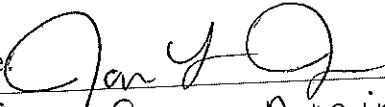
11. Indemnity Agreement: In consideration of the Village of Larchmont's issuance of the permit described herein above, contractors and any subcontractors hereby agree at their sole cost and expense to indemnify, defend and forever hold harmless the Village of Larchmont, its officials, servants, agents and employees from any and all claims for personal injury, including death to any person including but not limited to applicant, contractor and subcontractors and their respective employees, and for any and all property damage which results from or is in any way connected with the work contemplated under this permit.

- Zoning Case#: \_\_\_\_\_ Date: \_\_\_\_\_  
 Architectural Review Board Approval Date: \_\_\_\_\_
- Signature of Applicant:  Date: 3/14/22

# SHORT ENVIRONMENTAL ASSESSMENT FORM

- a) In order to answer the questions in this short EAF, it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies, research or other investigations will be undertaken.
- b) If any question has been answered "Yes," the project may be significant and a completed Environmental Assessment Form is necessary.
- c) If all questions have been answered "No," it is likely that this project is not significant.
- d) Environmental Assessment

1. Will project result in a large physical change to the project site or physically alter more than 10 acres of land?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
2. Will there be a major change to any unique or unusual land form found on the site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3. Will project alter or have a large effect on an existing body of water?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4. Will project have a potentially large impact on groundwater quality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5. Will project significantly effect drainage flow on adjacent sites?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. Will project affect any threatened or endangered plant or animal species?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. Will project result in a major adverse effect on air quality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
8. Will project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
9. Will project adversely impact any site or structure of historic, pre-historic, or paleontological importance or any site designated as a critical environmental area by a local agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
10. Will project have a major effect on existing or future recreational opportunities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
11. Will project result in major traffic problems or cause a major effect to existing transportation systems?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
12. Will project regularly cause objectionable odors, noise, glare, vibration, or electric disturbance as a result of the project's operation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
13. Will project have any impact on public health or safety?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
14. Will project effect the existing community by directly causing a growth in a permanent population of more than 5 percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
15. Is there a public controversy concerning this project?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Preparer's Signature:  Title: 3/14/22

Representing: San Signs & Awning Date: \_\_\_\_\_



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### SIGNAGE/AWNING APPLICATION

Building New Construction \_\_\_ SWPPP required  Generator  
 \_\_\_ Residential \_\_\_ Commercial Residential \_\_\_ Commercial  
 Building Alterations/Additions \_\_\_ SWPPP required  Solar  Signage/Awning  Fence  
 \_\_\_ Residential \_\_\_ Commercial  Other

1. Block \_\_\_ Lot \_\_\_  
 Address of Proposed Work 1875 Palmer Ave Larchmont NY 10538  
 2. Description of Work install and fabricate 2 awnings.

3. Cost of Construction \$ 5,000.00 4. Fee Charged \$ \_\_\_\_\_  
 5. Application- Firm Name San Signs + Awnings  
 6. Address 925 Saw Mill River Rd  
 7. City/State/Zip Yonkers NY 10710  
 8. Contact Name Jamie Jones  
 Phone/Cell 914-375-6674  
 9. Plumber Name N/A  
 Phone/Cell N/A  
 10. Electrician Name N/A  
 Phone/Cell N/A

11. Indemnity Agreement: In consideration of the Village of Larchmont's issuance of the permit describe herein above, contractors and any subcontractors hereby agree at their sole cost and expense to indemnify, defend and forever hold harmless the village of Larchmont, its official, servants, agents and employees from any and all claims for personal injury, including death to any person including but not limited to applicant, contractor and subcontractors and their respective employees, and for any and all property damage which results from or is in any way connected with the work contemplated under this permit.

Signature of Applicant [Signature] Date 3/14/22

Name of owner PALMER AVENUE ASSOC. Telephone 914-654-0487

SIGNAGE/AWNING/BUILD/PERMIT/APPLICATION

ARB/SIGNAGE/AWNING APPLICATION



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## ARCHITECTURAL REVIEW BOARD APPLICATION GUIDELINES

All signs, awnings and banners located on private property, regardless of location are regulated by the Village of Larchmont Code – [Chapter 357](#).

Permits regulated by the Building Department are required for placement of all new signs, awnings and banners as well as alterations and/or relocation of existing signs, awnings and banners.

### STEPS TO OBTAIN APPROVAL & PERMIT:

1. Submit a complete Architectural Review Board (ARB) Signage/Awning Application and a complete Building Permit Application to the Building Department
2. Submit all relevant application fees, separate checks for each application
3. Attend an ARB public hearing with all required submission materials (see page 3). **Both applicant and owner need to be present at ARB hearing.**

#### ARB REVIEW:

- Applicants must complete the **ARB Application** – (see Page 2)
- As per the **Submission Requirements** – (see Page 3) each application must include: application form, scaled drawings, photographs, material samples, etc.
- Application Fee – check the [Building Department Schedule of Fees](#) for current charges
- Submit six (6) packets for review – (see Page 3)
- Applications will be reviewed and require ARB approval before a permit will be issued
- Please check the [Village calendar](#) for submission deadlines and public hearing dates
- Applications for Ground Signs (Signs not attached to a building) may require Planning and/or Zoning Board approval

#### PERMIT:

- Licensed contractors must complete the **Building Permit Application** – (see Page 4)
- Permit Fee – check the [Building Department Schedule of Fees](#) for current charges
- Provide a copy of Certificate of Insurance – check [Building Permit Instructions](#)

**All applications must be delivered in person to the Building Department**

In order to ensure the most expedient review of your application, please meet all **Submission requirements**

**Incomplete application packages may not be accepted / reviewed**







Google



Google



MSANTOL-01

MLEFF

DATE (MM/DD/YYYY)  
2/23/2022

# CERTIFICATE OF LIABILITY INSURANCE

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 Countywide Insurance Agency 135 East Main Street Jefferson Valley, NY 10535	CONTACT NAME:		FAX (A/C, No):
	PHONE (A/C, No, Ext):	(914) 245-4500	
INSURED M Santoliquido Corp. DBA Sans Signs and Awnings 925 Saw Mill River Road Yonkers, NY 10710	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE
			INSURER A : Ohio Security Insurance Company
			INSURER B : Ohio Casualty Insurance Company
			INSURER C : New York State Insurance Fund
			INSURER D : The Hartford Financial Services Group, Inc
			INSURER E :

REVISION NUMBER:

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS62724425	2/23/2022	2/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS62724425	2/23/2022	2/23/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO62724425	2/23/2022	2/23/2023	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	W22707087	4/26/2021	4/26/2022	
D	Disability - Commerc			LNY328293	3/31/2021	3/31/2022	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder also listed as additional insured

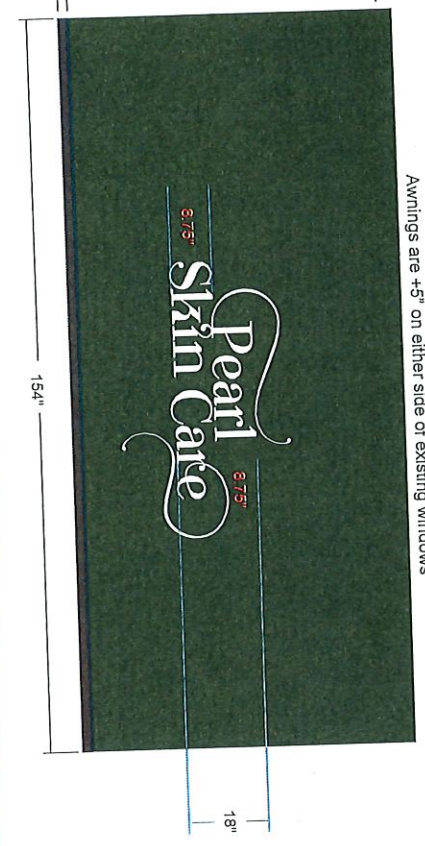
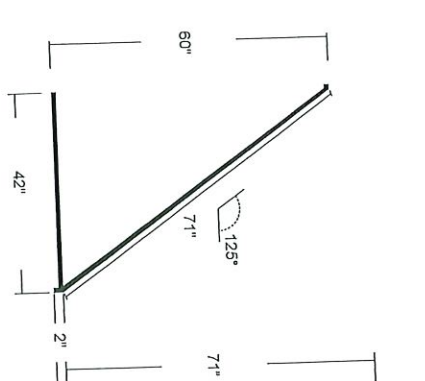
### CERTIFICATE HOLDER

Village of Larchmont  
 Building Department  
 120 Larchmont Avenue  
 Larchmont, NY 10538

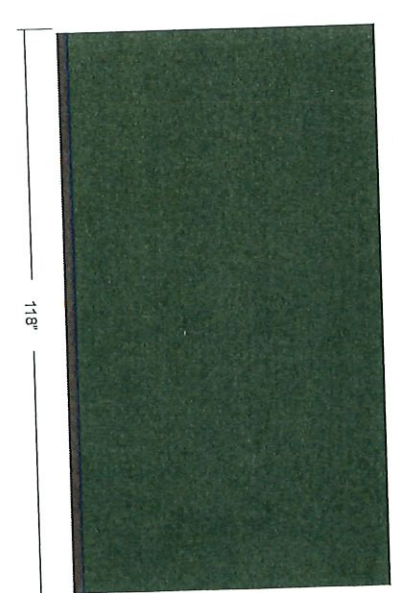
### CANCELLATION

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

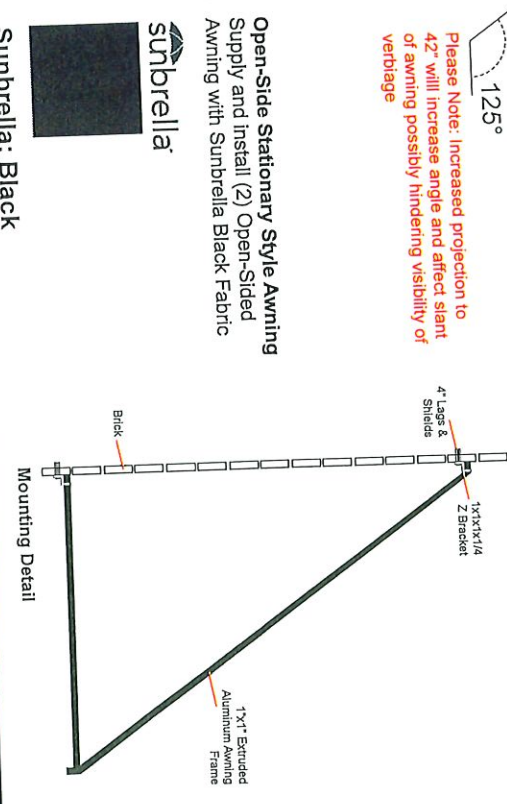


Awnings are +5" on either side of existing windows



Awnings are +5" on either side of existing windows

**125°**  
 Please Note: Increased projection to 42" will increase angle and affect slant of awning possibly hindering visibility of verbiage



**subrella**  
 Open-Side Stationary Style Awning  
 Supply and Install (2) Open-Sided Awning with Sunbrella Black Fabric

Sunbrella: Black

**San Signs & Awnings**  
 925 Saw Mill River Rd.  
 Yonkers, NY 10710



www.sansigns.com | info@sansigns.com  
 Ph: 914.375.6674 | Fax: 914.375.6689

Z:\IPearl Skincare

**Customer Information**

Job Name: 24291 - Pearl Skincare Awnings  
 Location: 1875 Palmer Ave  
 Larchmont, NY 10538  
 United States  
 Date: 1/13/2022  
 Project Manager: Chris C.  
 Designer: Eddy S

**Job Description**

Material: 1x1 Aluminum | Sunbrella Fabric: Black  
 Qty: 2  
 Size: See Above  
 Color/Copy: White Copy / Black Sunbrella  
 Lamination: N/A  
 Install: By SSA

**Customer Approval**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 The artwork provided is the exclusive property of San Signs. It is protected by all copyright laws. This artwork can not be used or reproduced without our consent. Unauthorized use is subject to all penalties provided for.

