

**Town of Yorktown
Building Department**

Memo

To: Town Board

From: Steven Fraietta, Assistant Building Inspector

Date: June 15, 2022

Re: Sign Permit For 3205 Crompond Rd. (Mobil Gas Station)
AKA: Section 35.08 Block 1 Lot 21

Attached please find a copy of a sign permit application for the above captioned location. As per Town Zoning Code 300-46N requires the Town Board to approve said signs.

Thank you.

SIGNS INSTALLED 3/18/22



Town of Yorktown www.yorktownny.org

Building Department
Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

TOWN OF YORKTOWN
JAN 18 2022
BUILDING DEPARTMENT
Page 1 of 2

Application for a Sign Permit

Sign size (Total Square feet): _____	(Office use only)	Application Fee: <u>\$75</u>
Received by: <u>BM</u>	Application #: <u>2022-0001-SN</u>	Date: <u>1/13/2022</u>

Applicant: Complete all lines legibly, in blue or black ink, except those marked "Office use only".

Name of Applicant: Kara Kennedy

Address: 4 Noe Place
Beacon Falls CT 06403

Phone: (203) 723 4662 Fax: (203) 729 0055

Project Name: Mobil

Project Address: 3205 Crompond Rd
Yorktown Heights NY

Tax Designation: Section _____ Block _____ Lot(s) _____

Proposed sign: _____
(Describe sign) installation of direction apertures above fuel pumps
refacing existing canopy w/ Mobil logo & illuminated life bar

Contractor: _____

The undersigned applicant hereby agrees to comply with all applicable provisions of the Code of the Town of Yorktown, and all other Laws, Codes, Rules and Regulations applicable to the proposal.

Kara Kennedy
Applicant's Name (Print Clearly)
By: GTY NY Leasing, Inc.

Ka A Kuref
Applicant's Signature

[Signature]
Property Owner's Name (Print Clearly)
By: Jashua Dicker, EVP

finance@stagle.com
Applicant's email address (Print Clearly)

(Please see page 2 for required application documents.)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Applications for sign permits must include 3 complete sets of all of the following:

1. A site plan and elevation drawing indicating the location of the proposed sign.
2. Scaled drawings/renderings of the proposed sign that clearly indicate the size of the sign, and the size, design and colors of all sign lettering and features. For wall-mounted signs, indicate the length (in linear feet) of the wall the sign is to be mounted on. Drawings must also indicate the proposed construction and anchorage of the sign and the method of illumination.
3. The name, address, telephone number and email address of the sign company must appear on the sign drawing/rendering.
4. The sign drawing/rendering must include a date and indicate what the scale is.
5. Color "chips" of samples of sign face, lettering and features.
6. Photographs of the existing building and existing sign, where applicable, with sufficient view to indicate surrounding conditions.
7. In the event that the applicant is not the owner, written consent of the owner of the building, structure or land on which the sign is to be placed.
8. Data, as required, to indicate compliance with the quantitative standards of the sign ordinance.
9. A filing fee of \$4.00 per square foot of sign face.

Contractor's Proof of Insurance:

Proof of contractor's **Workers Compensation** Insurance and **Disability** Insurance, or exemption there from, must be submitted with every application for a sign permit. For information on specific insurance or exemption forms, please see the Town's web site or request an information handout at the Building Department.

(Office use only)		
Sent to A.B.A.C.A. (date): _____		
Approval by A.B.A.C.A (date): _____		
Permit #: _____	Issued: _____	Expires: _____
_____	_____	_____
Building Inspector		Date



TOWN OF YORKTOWN
APPLICATION FOR SPECIAL USE PERMIT
GASOLINE STATIONS

Dated: 10/19/20

TO: TOWN BOARD
c/o TOWN CLERK
363 UNDERHILL AVENUE
YORKTOWN, NY 10598

The undersigned, as owner of certain premises located on the _____ side of
3205 Crompond Rd and known as Section _____, Parcel _____,
Lot _____ on the Tax Map of the Town of Yorktown, does hereby make application for a
Special Use Permit:

- Canopy
- Convenience Store
- Truck Rental
- Car Wash
- Sign

In the event the Permit is issued, the applicant will comply with all the requirements of the Zoning Ordinance and the Building Department Ordinance of the Town of Yorktown and with the requirements of any other local laws or ordinances, laws, rules, and regulations of any Federal, State, and County Government, bureau or department thereof having jurisdiction over said premises and the business to be conducted there at, in addition to such terms or conditions as may be imposed by the Town Board.

Attached hereto is **one (1) paper copy** of the plot plan of the area prepared by MKA and dated 4/29/2010 and building plans prepared by _____ and dated _____, all of which are made part of this application, together with the required fee of **\$1,500.00**. **One (1) electronic copy** of plot plan and building plans is to be emailed to the Town Clerk at dquast@yorktownny.org. Additional copies of said plans may be requested at a later date.

Kera Kennedy
Applicant

4 Noe Place
Address
Beacon Falls Ct
06403
203723 4662
Phone Number

Application received on the _____ day of _____, 20____.
Fee of \$1,500.00 received on the _____ day of _____, 20____.

**APPLICATION FOR REVIEW BY TOWN OF YORKTOWN
ADVISORY BOARD ON ARCHITECTURE AND COMMUNITY APPEARANCE**

I. A completed application for ABACA review is required prior to the issuance of a building permit for all of the following applications:

- 1. All new commercial buildings
- 2. All signs
- 3. All residences in a subdivision approved by the Planning Board
- 4. All exterior alterations to existing commercial buildings

II a. This application must be submitted to the Building Inspector, affixed to one copy of construction plans signed and sealed by a registered Architect or Engineer. The submitted plans must contain the following information:

Check-List

- 1. A site plan or plot plan indicating all existing and proposed topographic contour lines at a minimum scale of 1" = 40' (all contour lines must extend a minimum of 5'-0" beyond the property line), and all pertinent information as shown on the subdivision and improvement plan.
- 2. Dimensioned floor plans of all floors, a roof plan, and building sections adequate to describe the design.
- 3. All building elevations including an indication of the existing and proposed grade.
- 4. A line indicating the limit of the area which will be disturbed by construction.
- 5. Photos of the existing building(s) where applicable, with sufficient view to indicate surrounding conditions.

II b. All sign applicants should refer to the **Design Guidelines for the Town of Yorktown, Signage Ordinance Manual** which can be obtained from the ABACA's co-ordinator in the Planning Dept. for a fee of \$22.00.

- 1. All applications for sign review require the submission of photos of the proposed sign location and the surrounding area as well as landscaping and lighting plans with foot candle output for non-residential sites.
- 2. Site plans indicating the location of proposed sign in relation to the property line.
- 3. All applications for a sign must include scaled drawings of the proposed sign indicating: text of sign, font style, stroke of font, color samples, height of letters, total length of sign, square footage of area calculated per sign manual (pages 3 & 4).

III. ABACA meets on the 2nd (work session) and 4th (regular meeting) Tuesday of each month unless otherwise indicated. The deadline for all applications is **NOON OF THE THURSDAY PRIOR** to a scheduled meeting. As meeting dates may change, the applicant is urged to check with the ABACA's Co-Ordinator in the Planning Dept. regarding the ABACA schedule. All Applications are subject to both a work session and a regular meeting.

Date: 9/17/20 Sec: _____ Block: _____ Lot: _____

Project Name: Mobil

Name of Applicant: Kara Kennedy

Project Address: 3205 Crampond Rd - Yorktown Heights Address of Applicant: 4 Noe Place Beacon Falls CT 06403

Name of Owner: _____ Address of owner: _____

Schedule of Proposed Building Materials

<u>Check-List</u>	<u>Material</u>	<u>Description/Manufacturer</u>	<u>Colors</u>
<input type="checkbox"/> Siding	_____	_____	_____
<input type="checkbox"/> Windows	_____	_____	_____
<input type="checkbox"/> Trim	_____	_____	_____
<input type="checkbox"/> Exterior Doors	_____	_____	_____
<input type="checkbox"/> Roofing	_____	_____	_____
<input type="checkbox"/> Shutters	_____	_____	_____

Restrictions - (List all restrictions placed on this lot by the approving resolution(s), plat, improvement plan, negative declaration, wetlands permit, etc. - attach additional pages if required):

Additional Comments of Applicant:
Exxon mobil image upgrade -

To the best of my knowledge the information regarding this site and the restriction imposed on this site is true and complete.

Kara Kennedy Kara Kennedy 203 723 4662
Signature of Applicant Print Name Phone Number of Applicant



4 Noe Place Rd Beacon Falls, CT 06403
Phone: 203-723-4662 Fax: 203-729-0055

Joshua Dicker, EVP of
I, GTY NY Leasing, Inc., property owner of the gas station work site located at
3205 Crompond Road, Yorktown Heights, NY; hereby grant permission to Elizabeth Holloway,
employee of Station-Glo of New England Inc., to obtain the attached permit for signage on my
behalf for the above-mentioned property location.

By: GTY NY Leasing, Inc.

Property Owner Print name: *By: Joshua Dicker, EVP*

Property Owner Signature: *[Signature]*

Date: *9/23/2020*



Town of Yorktown
363 Underhill Avenue
Yorktown Heights, NY 10598
904-962-5722 x233

1/20/2022
Permit Number:
2022-0001-SN

FEE PAID

Reference:

36.07-1-13
GTY NY LEASING, INC.
3205 CROMPOND RD.
2022-0001-SN

GTY NY LEASING, INC.
9TH FLOOR
292 MADISON AVENUE
NEW YORK NY (invalid)

Date	Fee	Pay Type	Check No.	Receipt No	Amount
1/20/2022	SIGNS	CHECK	9193		\$75.00

Total: \$75.00



This is a receipt for payment of fees. This is not a permit.

Date Printed: 1/20/2022



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are included/excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Alan Helfer (Print name of authorized representative or licensed agent of insurance carrier)
Approved by: [Signature] (Signature) 01/14/2022 (Date)

Title: Agent/ Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: 203-268-3900

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: M1

DATE (MM/DD/YYYY)

01/14/2022

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 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 Helfer Ins. & Fin. Serv. Inc. Monroe Insurance Center Inc. 501 Main Street Monroe, CT 06468 Alan D. Helfer	CONTACT NAME: Alan Helfer PHONE (A/C, No, Ext): 203-268-9999 FAX (A/C, No): 203-261-1436 E-MAIL ADDRESS: ahelfer@monroe-ins.com PRODUCER CUSTOMER ID #: STATI-1													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Grange Mutual</td> <td>14788</td> </tr> <tr> <td>INSURER B : Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Grange Mutual	14788	INSURER B : Nautilus Insurance Company	17370	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED Station Glo of New England, In 4 Noe Place Rd Beacon Falls, CT 06403														

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		MPB73324	10/01/2021	10/01/2022	EACH OCCURRENCE
	<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					
A	AUTOMOBILE LIABILITY		B1B73324	10/10/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		ANO35589	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					
A	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 <input checked="" type="checkbox"/> N	WCB73324 COVERAGE 3A INCL NY & MA	10/01/2021	10/01/2022	<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

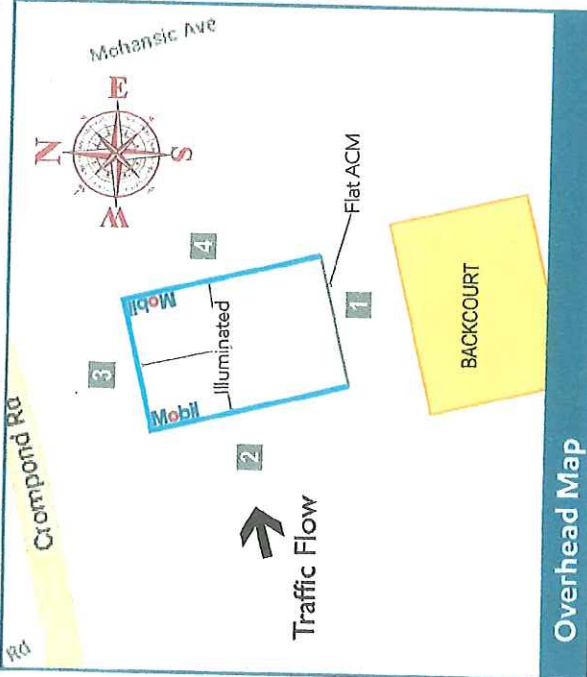
CERTIFICATE HOLDER**CANCELLATION**

Town of Yorktown 363 Underhill Ave Yorktown Heights, NY 10598	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 Alan D. Helfer
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A SITE CONFIGURATIONS

Canopy fascia artwork for visualization purposes only

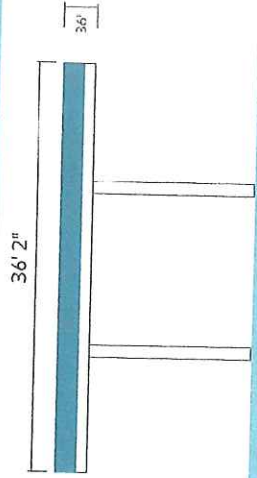


Overhead Map



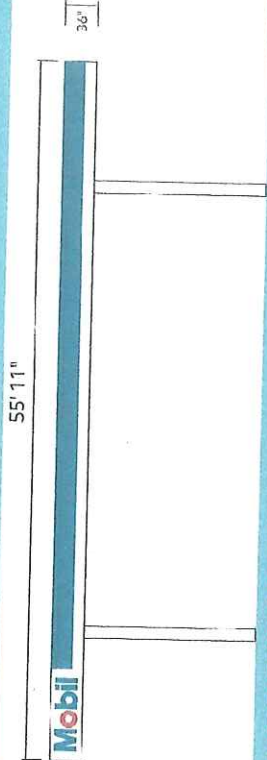
Canopy Perspective

1 | BACK ELEVATION

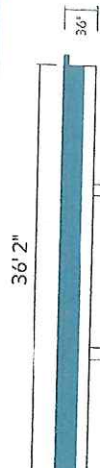


Traffic Flow →

2 | RIGHT ELEVATION

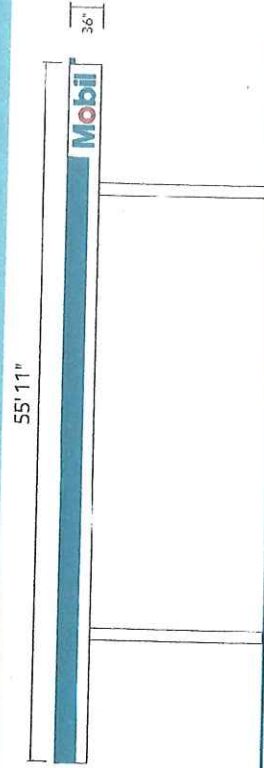


3 | FRONT ELEVATION



← Traffic Flow

4 | LEFT ELEVATION



Project Name ExxonMobil	PBL # 318021	Customer ExxonMobil	Created by B.Dighero
Revision # Original	Date 07_15_2020	Scale NA	Page # 3 OF 6

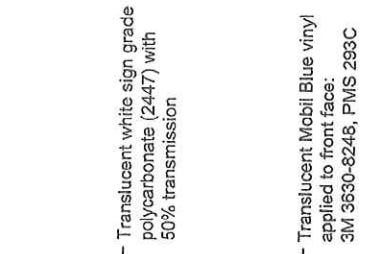
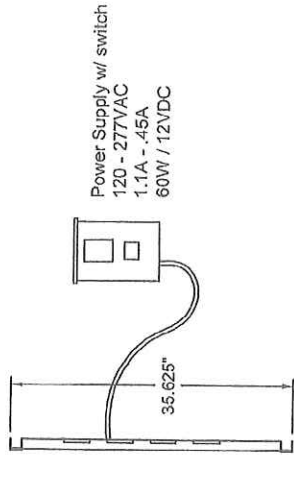
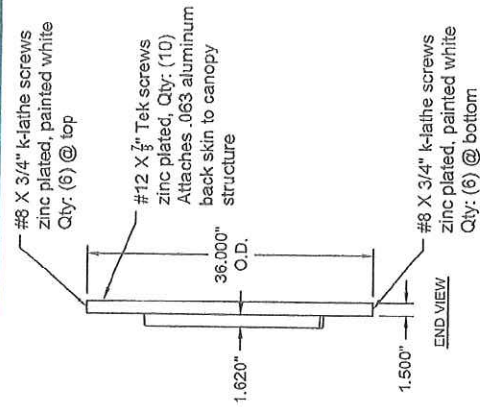
Brand Book

Site Image Materials Maintenance
2 Northfield Plaza, Ste. 250
Northfield, IL 60093
P. (847) 411-1818 F. (847) 592-9564

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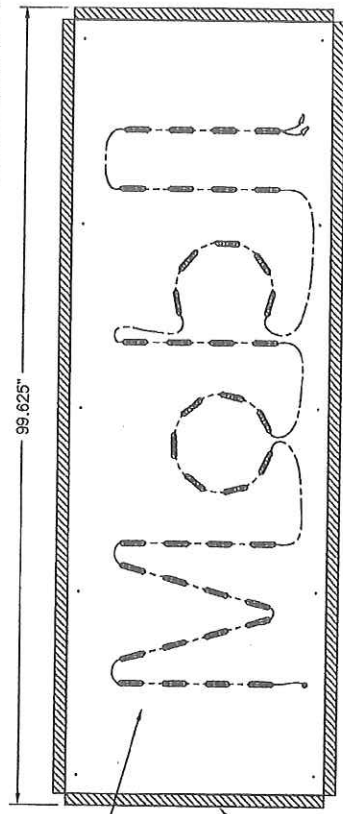
A SITE CONFIGURATIONS

***See installation guide**



Translucent Mobil Red vinyl applied to front face: 3M 3630-2590, PMS 485C

FRONT VIEW - PUSH THRU LETTERS IN FACE



INTERNAL DETAILS



NIGHT VIEW

SINGLE LETTER SPECS:	
"M" = 2.88 sq ft	
"O" = 1.44 sq ft	
"B" = 1.83 sq ft	
"I" = .80 sq ft	
"L" = .83 sq ft	
TOTAL = 7.78 sq ft	
LETTER SPECS:	
22.445" X 73.927" = 11.5 SF	
SIGN SPECS:	
36" X 100" = 26 SF	
UL NUMBER:	
E84811	

Appx weight of sign = 75lbs

- (40) Streetfighter LED .72W / module 28.08W Total 60W power supply 120VAC / 12VDC
- .063" aluminum pre-paint white with 1/4" X 1" neoprene gasket PN 394204

Project Name ExxonMobil	PBL # 318021	Customer ExxonMobil	Created by B.Dighero
Revision # Original	Date 07_15_2020	Scale NA	Page # 4 OF 6

Brand Book
Site Image Materials Maintenance
2 Northlake Plaza, Ste. 350
Northfield, IL 60093
P (847) 441-1818 F (847) 592-9554

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A RETAIL CANOPY



ExxonMobil



Site Map: **A** Forecourt

THIS DRAWING BOOK IS NOT AN INSTALLATION GUIDE



Existing



Proposed

Project Name ExxonMobil	PBL # 318021	Customer ExxonMobil	Created by B.Dighero
Revision # Original	Date 07_15_2020	Scale NA	Page # 2 OF 6

Brand Book

Site Image Materials Maintenance

2 Northfield Plaza, Ste. 250
Northfield, IL 60093
P: (847) 44-1818 F: (847) 592-9554

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4 Noe Place Beacon Falls, CT 06403
Phone: 203-723-4662 Fax: 203-729-0055

September 17, 2020

RE – 3205 Crompond Rd Yorktown Heights NY

To whom it may concern,

The brand ExxonMobil is enhancing the overall look of their locations. With this new enhancement, comes the installation of non-illuminated pump apertures over the existing fuel dispensers. These pump apertures have no structure barring, they simply act as directional signage.

Please let me know what, if anything, is needed to expedite and obtain said permit for this work.

Thank you,

A handwritten signature in black ink that reads "Kara Kennedy". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Kara Kennedy
(203) 723-4662
Finance@staglo.com

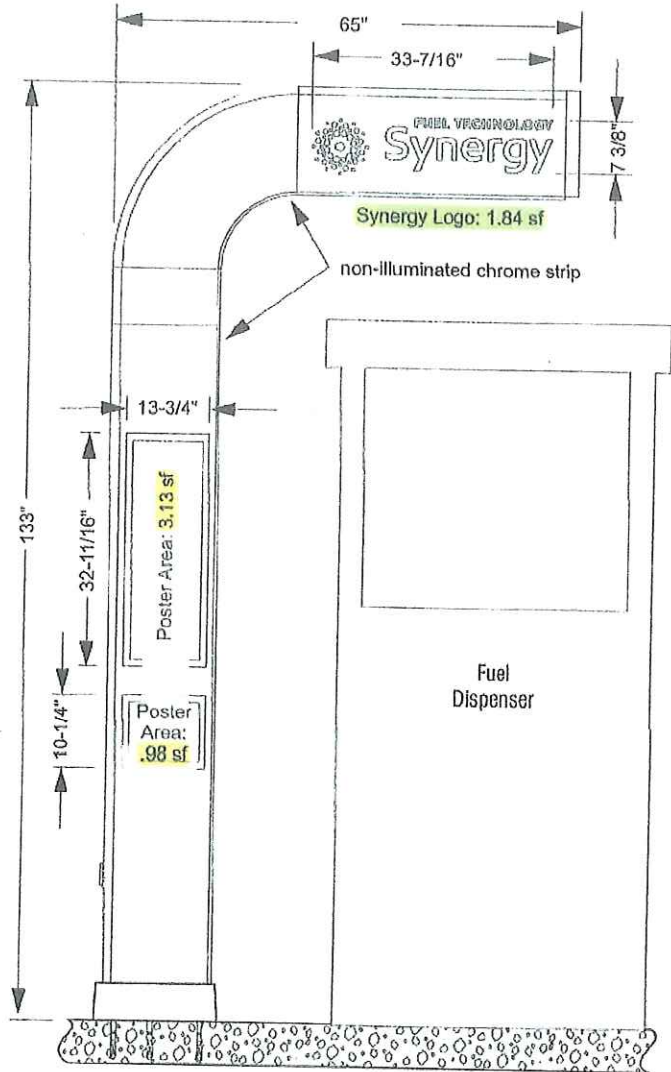
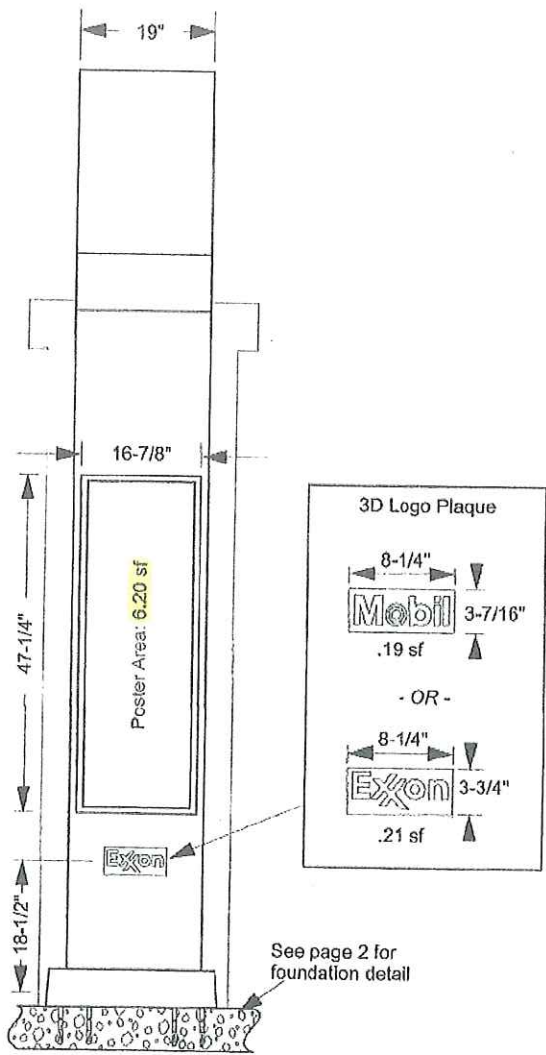
Medium Wave - Higher Wind

Structural Spec:

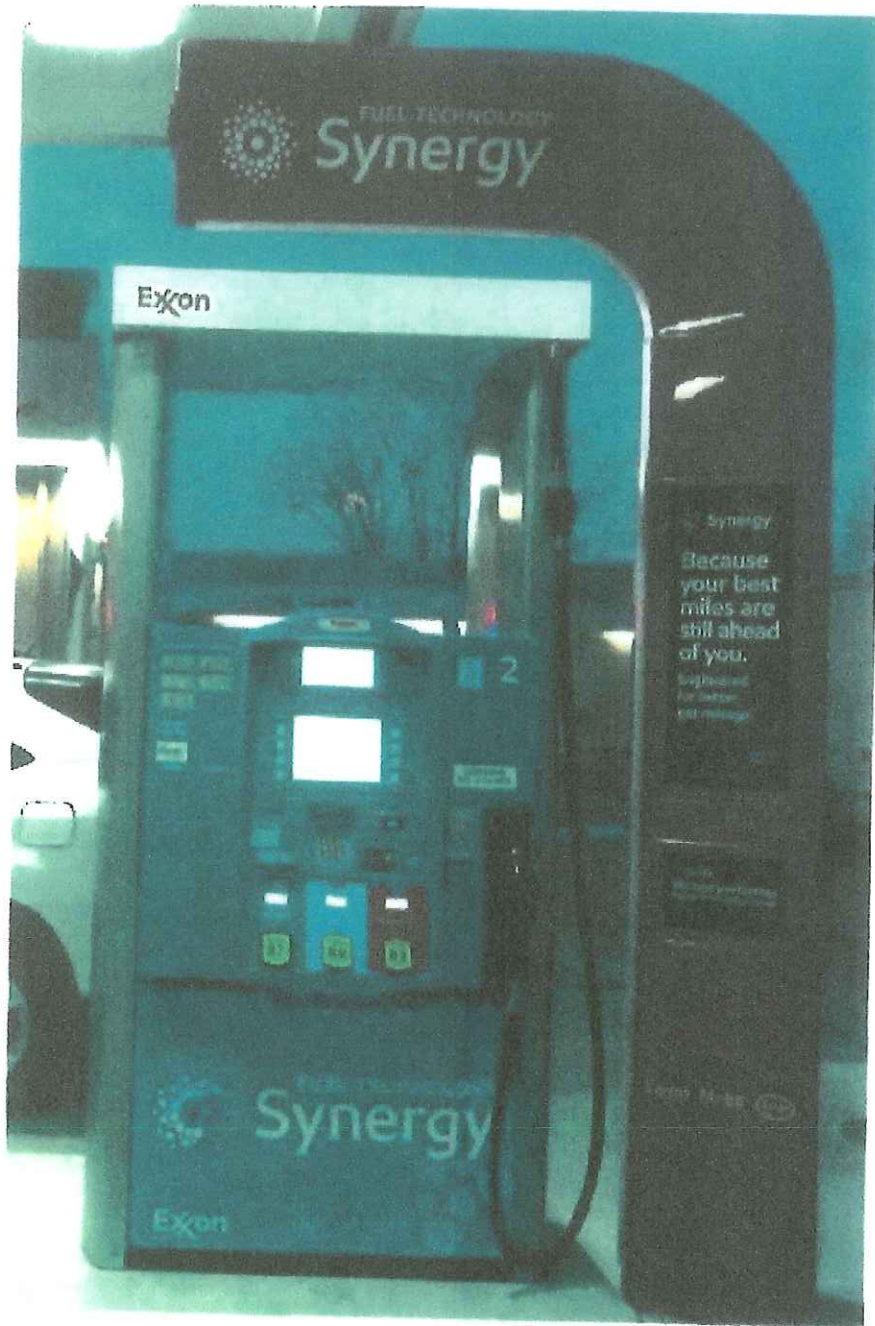
- Aluminum truss core
- Acrylonitrile butadiene styrene (ABS) outer skin
- 192 lbs total weight
- Structure rated at 180mph wind load

*This site will receive
2 of these wave
structures*

- * NON-Illuminated Wave Structure is 59.62 SQ FT
- * All logos on Wave Structure total 15.16 SQ FT
- * Poster areas are paper inserts



SAMPLE PICTURE OF WAVE INSTALLED AT ANOTHER LOCATION





To whom it may concern,

Please be advised that Chestnut Petroleum Distributor Inc would like to make the following Exxon Mobil image upgrades on the site at 3205 Crompond Rd Yorktown Heights NY.

Below is the scope of work for the image upgrades (renderings attached):

- Installation of directional apertures above pumps- 2 "waves" and 2 "blades".
- Refacing of existing canopy to include Mobil logo. Installation of illuminated lite bar to existing canopy fascia.

Please feel free to reach out with any concerns or questions.

Sincerely,

Kara Kennedy

(203)723-4662 -- Finance@staglo.com

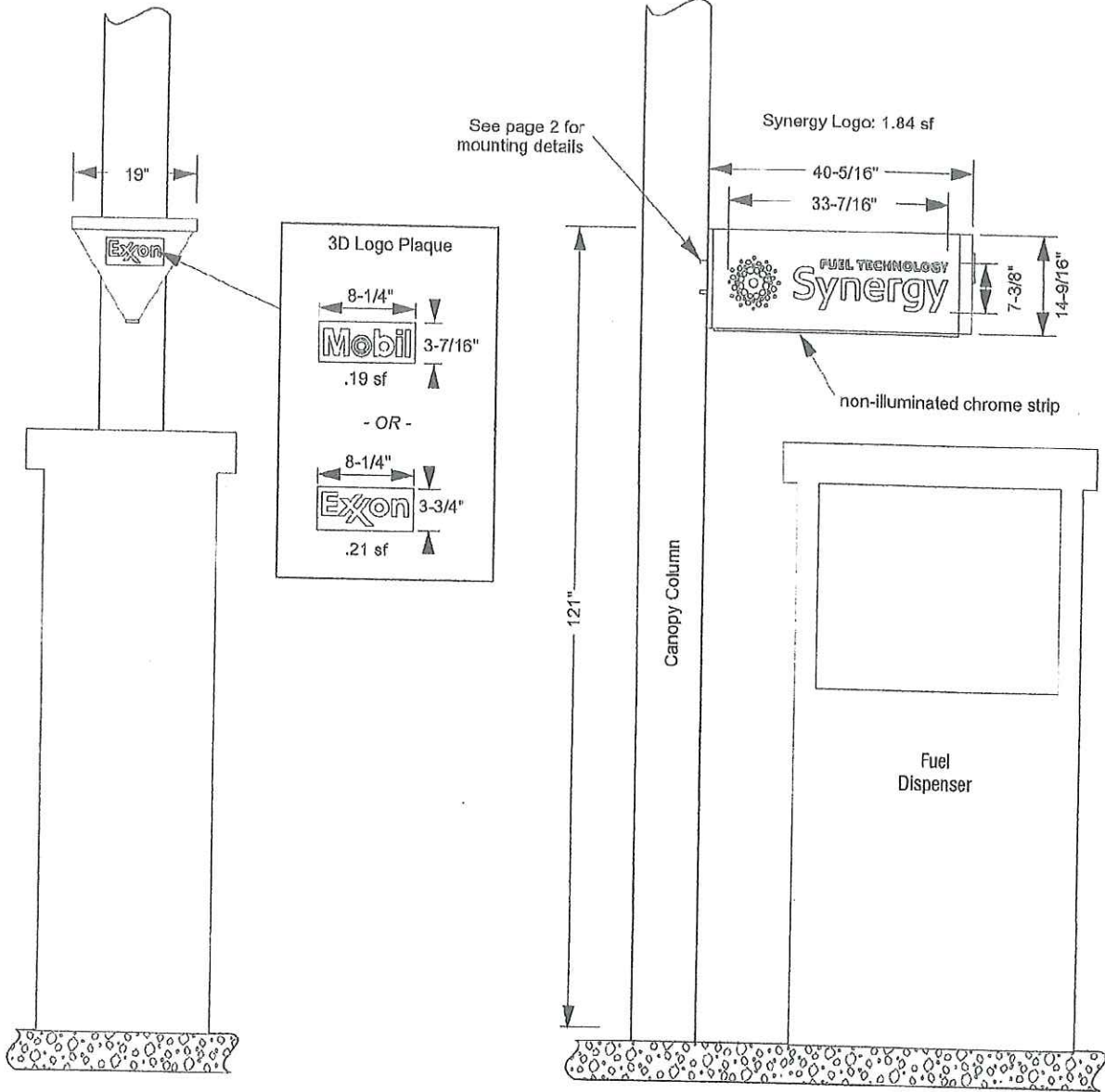
Station- Glo of New England Inc.

Blade

Structural Spec:

- Aluminum truss core
- Acrylonitrile butadiene styrene (ABS) outer skin
- 32 lbs total weight
- Structure rated at 180 mph wind load

This site will receive 2 of these Blade structures



Back View
Scale: 1/2" = 1'

Side View
Scale: 1/2" = 1'

Sample of a Blade installed at another location

