### 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 Enstalled 3/4/22



Town of Yorktown www.yorktownny.org

TOWN OF YORKTOWN BUILDING DEPARTMEN

Page 1 of 2

#### **Building Department**

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

**Application for a Sign Permit** (Office use only) Sign size (Total Square feet):\_ \$75 Application Fee: Received by: Application #: 2022-0001-SN Date: 1 [1312022 Applicant: Complete all lines legibly, in blue or black lnk, except those marked "Office use only". Name of Applicant: Koura Kennedy Address: 4 Noe Place Beacon Falls CT 06403 Phone: (203) 723 4662 Fax: (203) 729 0055 Project Name: Mobil Project Address: 3205 Crom pond Rd Yorktown theights Tax Designation: Section \_\_ Block Lot(s) Proposed sign: (Describe sign) installation of direction expertures abone fuel pumps 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. Kovon Kennedy Applicant's Name (Print Clearly) By: GTY NY Leasing, Inc. TIVANCE @ Staglo. com Applicant's email address (Print Clearly) Property Owner's Name (Print Clearly) Bu: Jashua Dicker, EVP

(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.
- 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, <u>must</u> 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.

Sent to A.B.A.C.A. (date):	(Office use only)	
Approval by A.B.A.C.A (date):		<u>-</u>
Permit #: Issu	ued:	Expires:
Building Inspector		Date



#### TOWN OF YORKTOWN APPLICATION FOR SPECIAL USE PERMIT GASOLINE STATIONS

10: TOWN BOA			
c/o TOWN (	ULERK Dun e averagen		
YORKTOWN	RHILL AVENUE I, NY 10598		
1011110111	, 111 10050		
The unders	igned, as owner of ceri	ain premises located (	on theside of
3205 Crown	pond Rd and k	nown as Section	, Parcel,
Lut on t	the Tax Map of the Tow	'n of Yorktown, does he	ereby make application for a
Special Use Permit			
	Cano	ру	
	Conve	enience Store	
	Truck	Rental	
	Car W	ash	
	Sign		•
and with the require of any Federal, Stat jurisdiction over sai such terms or condi  Attached her	ements of any other loc e, and County Governr d premises and the bu itions as may be impos	cal laws or ordinances, nent, bureau or depart siness to be conducted ed by the Town Board.  The poor the plot plan of the poor dated.	there at, in addition to the area prepared by
dated	all of	Which are made part of	and of this application, together
with the required fee	e of \$1,500.00. One (	1) electronic copy of pl	ot plan and building plans
is to be emailed to t	ne Town Clerk at dqua	st@yorktownny.org. Ac	Iditional copies of said
plans may be reque:	sted at a later date.	_	,
Kena Ker Applicant	nech	4 Noe	Place.
Applicant	U	Address 13-60-C	en falls of
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		Phone Number	
polication received.			
*	on the day	of	, 20

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Committeent No. STIC-02255, Effective date lacy 1, 2016

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## POTENTIAL ENCROACHMENT NOTES AREA LIGHTS LOCATED WITHIN THE RICH! OF WAY BY 28 FT.

## ZONING NOTES

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## ALTA/ACSM LAND TITLE SURVEY SSF12072 3205 Crompond Road Yorklawn Haights, Nr SUrveyor's Certification

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MOHANSIC AVENUE

0 0];

For Inquiries Conversing This Survey Contact MIA Middens Continuous of Land Survey Services PROJECT NAME: ExxonMobil:
ADMESS: 3205 Grampond Rood

6533 Commotes Court - Normata, Negislo 20187 Phone(540)422-3350 Fea(540)429-3520 FFAINCORROCKIES.com

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

I.	A completed application for ABACA following applications:	a review is required prior to the issuance of a building permit for all of the
	<ol> <li>All new commercial buildings</li> <li>All signs</li> </ol>	All residences in a subdivision approved by the Planning Board     All exterior alterations to existing commercial buildings
Цa.	This application must be submitted to	o the Building Inspector, affixed to one copy of construction plans signed and
Chec	sealed by a registered Architect of k-List	r Engineer. The submitted plans must contain the following information:
8 978	<ol> <li>A site plan or plot plan indit         1" = 40' (all contour lines a information as shown on th     </li> <li>Dimensioned floor plans of</li> <li>All building elevations included.</li> <li>A line indicating the limit of</li> </ol>	cating all existing and proposed topographic contour lines at a minimum scale of must extend a minimum of 5'.0" beyond the property line), and all pertinent e subdivision and improvement plan. all floors, a roof plan, and building sections adequate to describe the design, ding an indication of the existing and proposed grade.  The area which will be disturbed by construction.  Ing(s) where applicable, with sufficient view to indicate surrounding conditions,
TF 1		-
d d d	which can be obtained from the  1. All applications for sign rev surrounding area as well as  2. Site plans indicating the loca  3. All applications for a sign re	the Design Guidelines for the Town of Yorktown, Signage Ordinance Manual ABACA's co-ordinator in the Planning Dept. for a fee of \$22.00. item require the submission of photos of the proposed sign location and the landscaping and lighting plans with foot candle output for non-residential sites, tion of proposed sign in relation to the property line.  The proposed sign in relation to the property line, ust include scaled drawings of the proposed sign indicating; text of sign, font amples, height of letters, total length of sign, square footage of area calculated 4).
	indicated. The deadline for all application meeting dates may change, the applications of the second control of the control of	ssion) and 4th (regular meeting) Tuesday of each month unless otherwise rations is NOON OF THE THURSDAY PRIOR to a scheduled meeting. As rant is urged to check with the ABACA's Co-Ordinator in the Planning Dept.  Applications are subject to both a work session and a regular meeting.
Dat	ie: 9/17/20 Sec:	Block: Lot:
Pro	ject Name: MObil	
Naı	ne of Applicant: Kovo	Kennedy_
Peo	giect Address: 3205 Crompond Yorktown	Address of Applicant: 4 Noe Place Reacon Falls
Nai	ne of Owner:	Address of owner:
	Se	chedule of Proposed Building Materials
Chi	eck-List Material Siding	Description/Manufacturer Colors
	Windows	
	Trim	
0	Exterior Doors	
0		
u	Shutters	
Res decl	trictions - (List all restrictions placed aration, wetlands permit, etc attach	on this lot by the approving resolution(s), plat, improvement plan, negative additional pages if required):
Ado	lltional Comments of Applicant: EXXON M	obil image upgrade-
To 1	he best of my knowledge the informa	lion regarding this site and the restriction imposed on this site is true and Waka Kennedy 203723 4662



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: Jashua Dicker, EVP
Property Owner Signature:
Date: 9/23/2020



#### Town of Yorktown 363 Underhill Avenue Yorktown Heights, NY 10598

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

\$75.00

904-962-5722 x233

#### **FEES 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



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

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
STATION GLO OF NEW ENGLAND 4 Noe Place Beacon Falls, CT 06403	203-627-4119 1c. NYS Unemployment Insurance Employer Registration Number of
Beacon I ans, OT 00405	Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number
	14-1556987
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier
(Line) Being Elsted as the Common visitory	National Grange Mutual
Town of Yorktown	3b. Policy Number of Entity Listed in Box "1a"
363 Underhill Ave Yorktown Heights, NY 10598	WCB73324
	3c. Policy effective period 10-01-2021 to 10-01-2022
	3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.
The second secon	to the first of th

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
Approved by:	(Print name of authorized representative or licensed agent of insurance carrier)  (Signature)  (Date)
Title:	Agent/ Representative
Telephone Number of authorize	red 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 <u>NOT</u> authorized to issue it.



#### CERTIFICATE OF LIABILITY INSURANCE

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		CONTACT Alan Helfer	
	, & Fin. Serv. Inc. surance Center Inc.	PHONE [AJC, No. Ext): 203-268-9999 [FAX [AJC,	No): 203-261-1436
501 Main :	Street	E-MAIL ADDRESS: ahelfer@monroe-ins.com	
Monroe, C Alan D. He		PRODUCER CUSTOMER ID #: STATI-1	
		INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	Station Glo of New England, In	INSURER A: National Grange Mutual	14788
	4 Noe Place Rd	INSURER B : Nautilus Insurance Company	17370
	Beacon Falls, CT 06403	INSURER C:	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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	T		POLICY EXP	LIMITS	5	
E-115	GENERAL LIABILITY	111111	- XI X II		120000000000000000000000000000000000000		EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY			MPB73324	10/01/2021	10/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	2,000,000
	ALPHANIA AND AST TO PRIVATE ASSAULT TO THE STATE OF THE S						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	4,000,000
	X POLICY PRO-							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
	X ALL OWNED AUTOS			D4D70204	40/40/2024	10/01/2022	BODILY INJURY (Per accident)	\$	
A	X SCHEDULED AUTOS X HIRED AUTOS			B1B73324	10/10/2021	10/01/2022	PROPERTY DAMAGE (PER ACCIDENT)	\$	
	X NON-OWNED AUTOS						Comp Ded	\$	1,000
							Collision Ded	\$	1,000
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
В	X EXCESS LIAB CLAIMS-MADE			ANO35589	10/01/2021	10/01/2022	AGGREGATE	\$	2,000,000
ь	DEDUCTIBLE			7,1100000	10.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- X OTH- TORY LIMITS X ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCB73324	10/01/2021	10/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	""		COVERAGE 3A INCL NY & MA			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

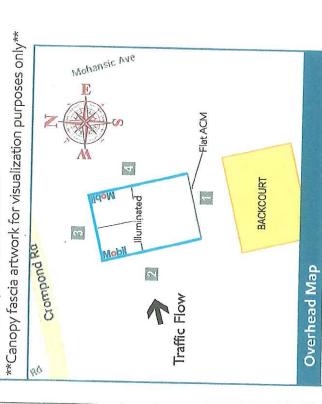
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

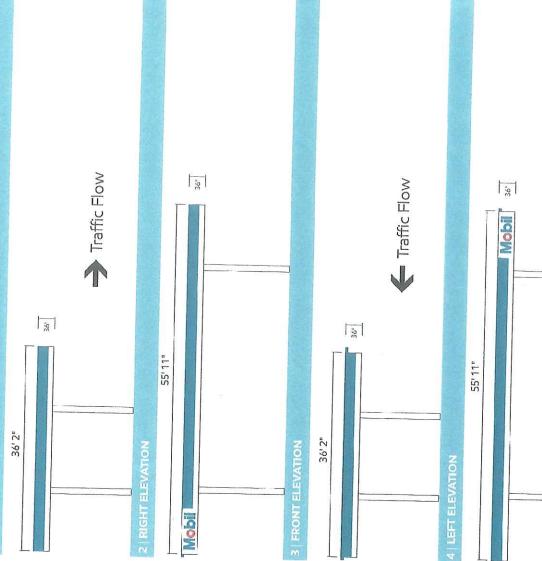
CERTIFICATE HOLDER	CANCELLATION
Town of Yorktown 363 Underhill Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Yorktown Heights, NY 10598	AUTHORIZED REPRESENTATIVE Alan D. Helfer

© 1988-2009 ACORU CORPORATION. All fights reserved.

Marin



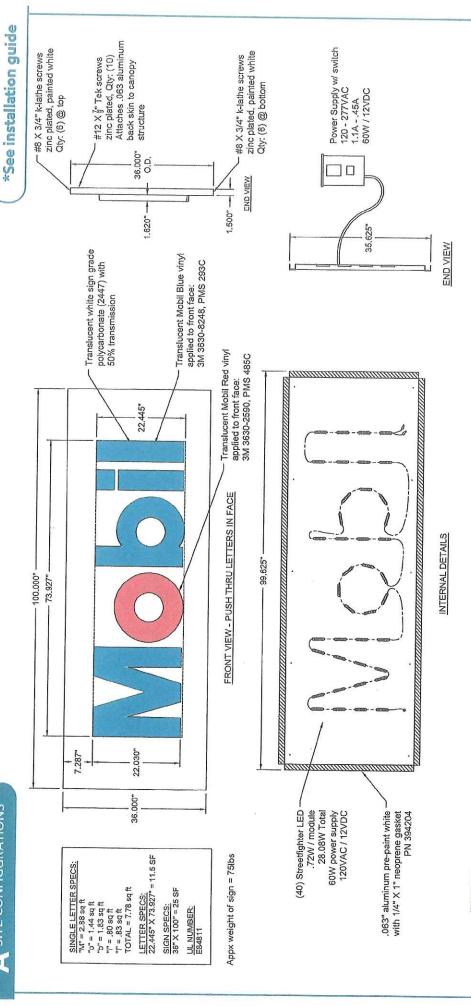




Project Name	# 100			
	# LDL #	Customer	Crostod by	
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Kevision #	Date	Scale		ore inage Materials Maintenance
C			rage #	2 Northifield Plaza, Ste. 250
Original	07 15 2020		1000	P. (847) 441-1818 F. (847) 441-1818
document willows brade counts and sunfidential business ist	This document willow body counts and vanfidential functions int		80 <u>-</u> 6	

Canopy Perspective

# SITE CONFIGURATIONS



Project Name	PBL#	Customer	Created by	
ExxonMobil	318021	ExxonMobil	B.Diahero	Brand Book
#				Site Image Materials Ma
Kevision #	Date	Scale	Page #	2 Northfield Plaze, See 250
Original	07 15 2020	₹Z	4 0 6	P (847) 44 -1818 F (847) 9

NIGHT VIEW





Site Map: A Forecourt





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Created by	Customer	785 #	י י ספרר ואמווופ



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,

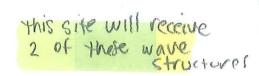
Kara Kennedy (203) 723-4662

Finance@staglo.com

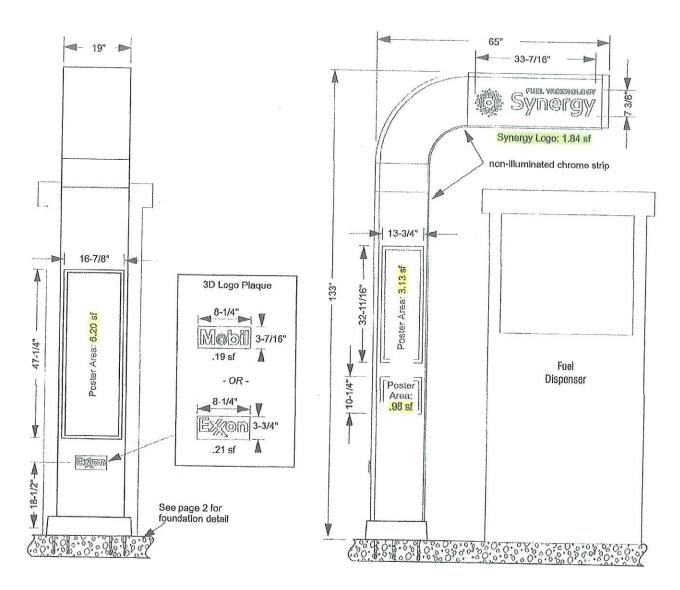
#### Medium Wave - Higher Wind

#### Structural Spec:

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



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



Back View Scale: 1/2"=1"

Side View Scale: 1/2"=1"











### 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

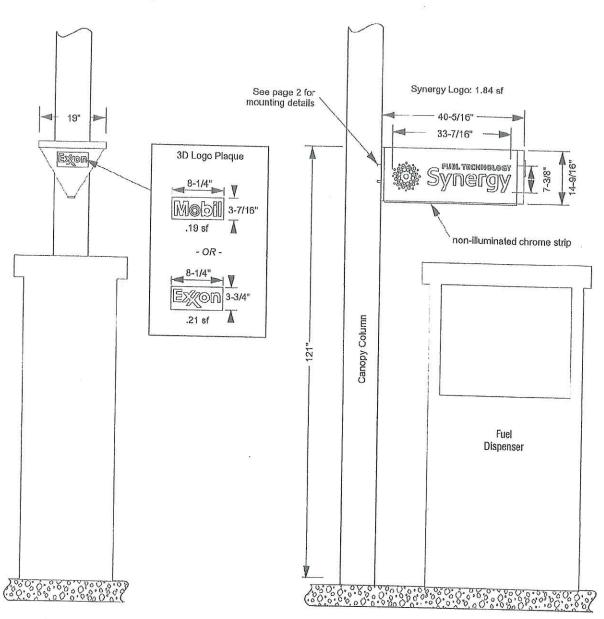
Station- Glo of New England Inc.

#### 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'

Scale: 1/2"=1"



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THIS DRAWING IS YOUR FINAL PROOF. IT SUPERSEDES ALL VERBAL AND WRITTEN COMMUNICATION BY SIGNING BELOW YOU ARE AUTHORIZERS US TO MANUFACTURE TO THE ABOVE SPECIFICATION Client Approve/Date:

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#### Sample of a Blade installed at another location

