



Town of Winchester
 Select Board, 71 Mt. Vernon Street, Winchester MA 01890
STAGING PERMIT APPLICATION

Complete this application and return it to the Winchester Select Board. Under no circumstances may work be started until an approved Staging Permit is obtained, and the appropriate fees (\$25) paid in full. *Please make check out to Town of Winchester.*

The undersigned respectfully applies for a permit to erect staging/ladders for the purpose of:

Installing Commercial Wall Signs

Requested dates of use of Town property: Estimated between 8/17-8/21 based on permit issuance.

Proposed sign location (if applicable): 654 Main St / Existing building facades.

Business/Owner: Ace Hardware / Kevin Ryan Telephone: 781 729 0902

Business Owner's Address: Same as project address.

Property Owner: Same as business owner. Telephone: _____

Property Owner's Address: _____

Staging Contractor: FastSigns of Woburn Telephone: 781 938 7700

Staging Contractor's Address: 400 W Cummings Part, Suite #1850

Applicant Email Address desi@signsunlimitedusa.com

The Select Board may request that the Design Review Committee, prior to approval, review this application.

I hereby certify that the dimensions and other information on this application and plans or sketch submitted herewith are correct, and that all applicable provisions of Statutes, Regulations and By-Laws will be complied with. The above is subscribed to and executed by me under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws.

Signature of the Owner or Lessee: Attached Date: 7/29/2020

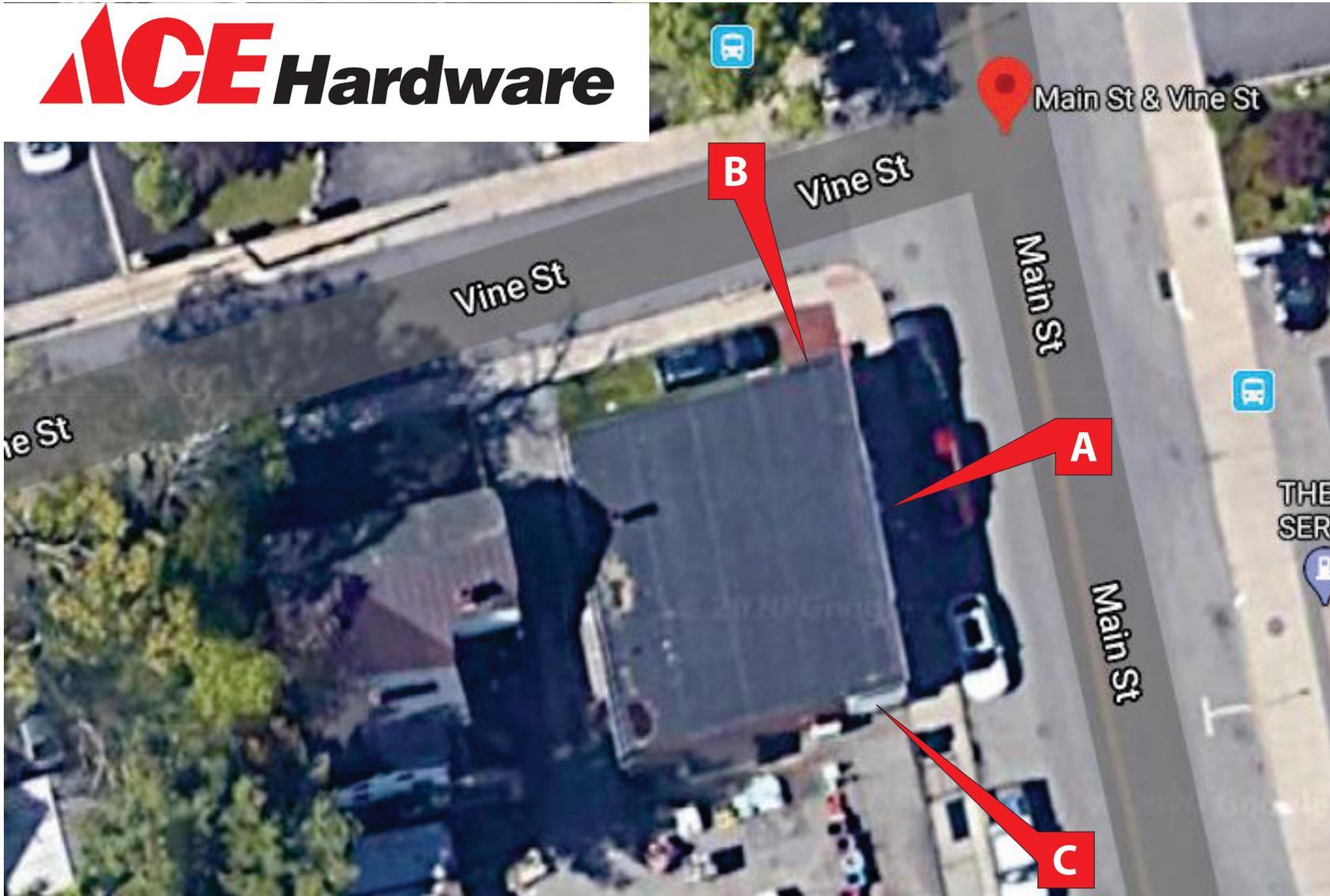
For office purposes only:

| | | | |
|--|---------|--------|----------|
| Has the petitioner filed with the Town an insurance policy in the amount of \$300,000 for bodily injury, \$500,000 per accident, and \$300,000 in property damage naming the Town of Winchester as co-insured? | Yes ___ | No ___ | |
| Has the Winchester Building Department approved a Sign Permit? | Yes ___ | No ___ | Date ___ |
| Referred to the Design Review Committee | Yes ___ | No ___ | Date ___ |
| Approval date by the Select Board | | | Date ___ |

Ace Hardware

654 Main St.
Winchester, MA 01890

Site Plan



| | |
|---------------|---|
| Claude Ballbe | claude@signsunlimitedusa.com |
| 919-552-8689 | www.signsunlimitedusa.com |
| 06.16.20 |  Underwriters Laboratories Inc.® UL File #E225670 |

Approval Signature:

Please check all spelling, quantities, colors, and materials before approving

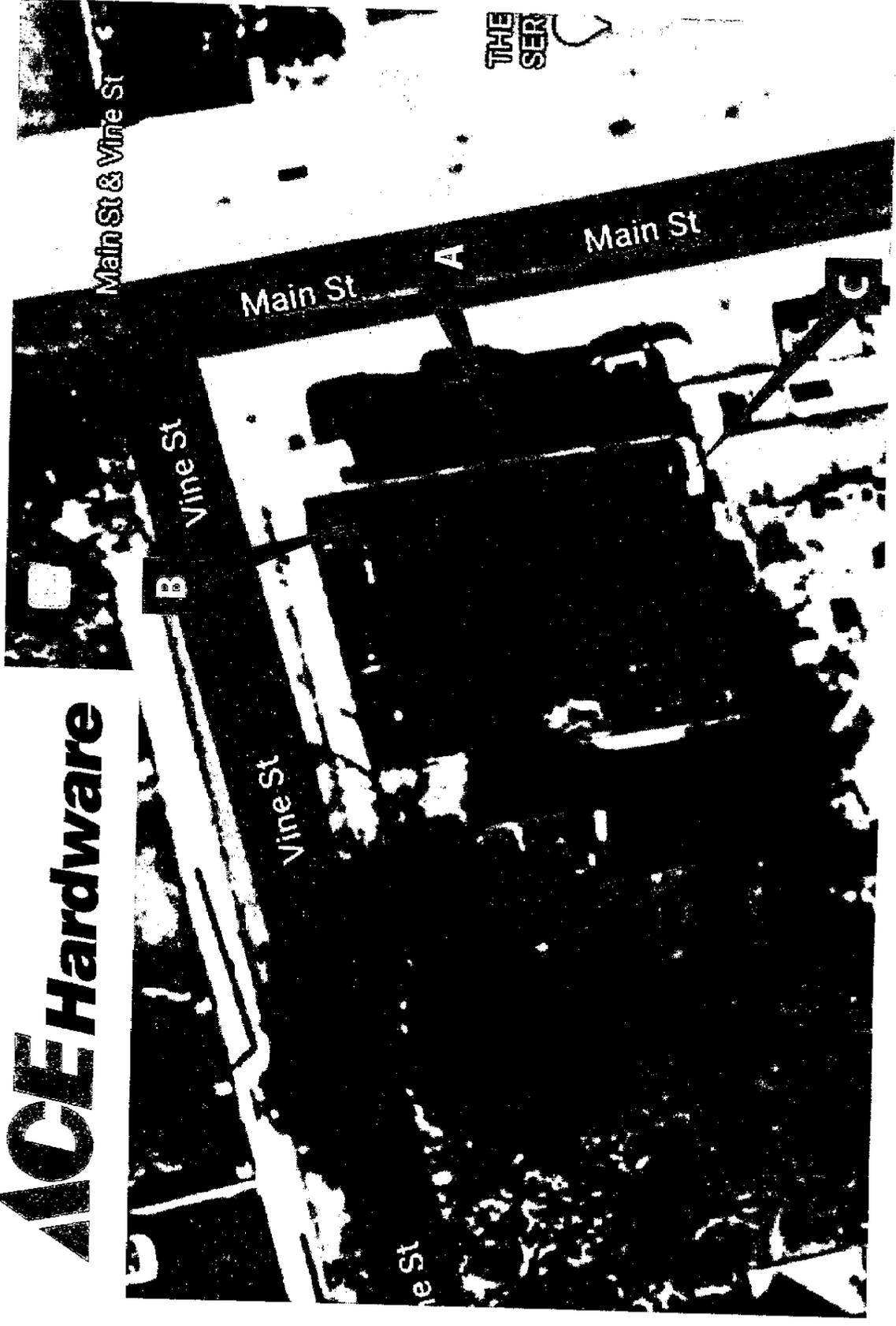
Notes: **NEED SURVEY TO CONFIRM SCALE PRIOR TO MANUFACTURE**

SIGNS UNLIMITED
communicate your identity
6801 Mount Hermon Church Rd, Building C
Durham, NC 27705

Ace Hardware
 654 Main St.
 Winchester, MA 01890

Site Plan

ACE Hardware



Claude Balibe
 919-552-8689
 06.16.20

claude@signsunlimitedusa.com
 www.signsunlimitedusa.com

 Signs Unlimited Inc.
 U.S. Pat. # 7,223,670

Approval Signature: *Claude Balibe*

Please check all spelling, quantities, colors, and materials before approving

Notes: **NEED SURVEY TO CONFIRM SCALE PRIOR TO MANUFACTURE**

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CERTIFICATE OF LIABILITY INSURANCE

FASTS-1

OP ID: CH

DATE (MM/DD/YYYY)
01/09/2019

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 781-933-2626 Dadgar Insurance Agency, Inc. 400 West Cummings Park Suite 6725 Woburn, MA 01801 | | CONTACT NAME: PHONE (A/C, No, Ext): 781-933-2626 FAX (A/C, No): 781-932-6341 E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : Am Trust North America | |
| | | NAIC # 25011 | |
| INSURED Fast Signs Business Signs, LLC: dba 400 West Cummings Pk Ste 1850 Woburn, MA 01801 | | INSURER B : 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|--------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | | WPP1585104 00 | 10/16/2018 | 10/16/2019 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> | <input type="checkbox"/> | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> | <input type="checkbox"/> | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | WUM1585105 00 | 10/16/2018 | 10/16/2019 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | AGGREGATE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | OTHER \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

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  |

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