

2014 NOV -5 P 12:38
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 4/3/2014

Date Recorded _____

Amount Paid _____

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business (DBA) Name: Gardini Law Phone: 855-337-8440

Applicant's Federal Employer Identification Number: 15-341-2064

Applicant's Legal Name: Perez Gardini LLC

Applicant's Address (with Zip Code): 24 Dane Street, Somerville, MA 02143

Mailing Name (where we should send correspondence to): Michele Gardini

Mailing Address (with Zip Code): 24 Dane Street, Somerville, MA 02143

Emergency Contact: Michele Gardini Phone: 855-337-8440

Type of Business (Check Only One and Provide the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ LLC: Name of LLC: Ludovino Gardini

Names of All Managers Who Own More Than 10%: _____

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Instant Sign Center

Phone: 781-619-1127

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. Projection mounted hanging sign located next to business entrance

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature]

Date: 4/3/14

Print Name: Ludovino Gardini

Phone: 214-727-8273

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: True False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: _____

Date: _____

Print Name: _____

Title: _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends

Approval Denial

Signature: [Signature]

Date: 4/3/14

Print Name: Ludovino Gardini

Title: _____



WORK ORDER

SPEC SHEET

1-89050

REVISION 5

2 of 3

Prepared For:

MICHELE GARDINI

Date:

4/2/2014

Customer P.O. #:

#

Customer Phone:

6855-337-8440

Customer's Email:

MICHELE@GARDINILAW.COM

Prepared By:

Katie Snape

Designer's Email:

Katie@InstantSign.net

502 Eoston Providence Tpk Norwood, MA 02062 • Tel: 800-339-0150 • Fax: 781-278-9550

BUILDING CURRENTLY

**STEP 1** - Please Review & Verify SpecsTOTAL QTY:
SIZE (wxh):
SIDES:OUTPUT METHOD:
OUTPUT MEDIA:
MOUNTING MATERIAL:

ARTWORK COLORS:

MODIFIERS:

FIXTURE:

OFFICE USE ONLY

Customer Sign Off Date/Time: _____

Design Sign Off: _____ Date/Time: _____

Sales Sign Off: _____ Date/Time: _____

STEP 2 - Check if Changes are needed☐ Please contact Katie with changes **781-619-1141**
Email: Katie@instantsign.net **FAX 781-278-9550.****STEP 3** - Approve Your Order For Production

X

*Your signature approves the layout as designed, authorizes production to commence and your commitment to pay all balances upon completion.

STEP 4 - Payments & Deposits

Please Circle: MC / Visa / AMEX / Discover

Print Card #: _____

St. # _____ Exp. _____ / _____ Zip Code _____ CSV _____

*We require a 50% deposit to begin production on approved art.



WORK ORDER

SPEC SHEET

1-89050

REVISION 1

2 of 2

Prepared For:

michele gardini

Customer Phone:

6855-337-8440

Prepared By:

Katie Snape

Date:

3/17/2014

Customer P.O. #:

#

Customer's Email:

MICHELE@GARDINILAW.COM

Designer's Email:

Katie@InstantSign.net

508 Boston Providence Tpk. Norwood, MA 02062 - Tel: 800-339-0150 - Fax: 781-278-9550

**STEP 1** - Please Review & Verify Specs**ASSEMBLY**

10' Minimum from
Grade to bottom of
sign

OFFICE USE ONLY

Customer Sign Off Date/Time:

Design Sign Off: K. Snape Date/Time: 3/18/14 2:40pm

Sales Sign Off: _____ Date/Time: _____

STEP 2 - Check if Changes are needed

☐ Please contact Katie with changes **781-619-1141**
Email: Katie@instantsign.net **FAX 781-278-9550.**

STEP 3 - Approve Your Order For Production

X

*Your signature approves the layout as designed, authorizes production to commence and your commitment to pay all balances upon completion.

STEP 4 - Payments & Deposits

Please Circle: MC / Visa / AMEX / Discover

Print Card #: _____

St. # _____ Exp. _____ / _____ Zip Code _____ CSV _____

*We require a 50% deposit to begin production on approved art.

instant
sign center

WORK ORDER

SPEC SHEET

1-89050

REVISION 5

1 of 3

Prepared For:

MICHELE GARDINI

Date:

4/2/2014

Customer P.O. #:

#

Customer Phone:

6855-337-8440

Customer's Email:

MICHELE@GARDINILAW.COM

Prepared By:

Katie Snape

Designer's Email:

Katie@InstantSign.net

505 Boston Providence Tpk. Norwood, MA 02062 • Tel: 940-311-1150 • Fax: 781-278-9550

36"

24"



1x

65F

STEP 1 - Please Review & Verify Specs

TOTAL QTY: 2 ENGRAVINGS=1X DOUBLE SIDED
SIZE (wxh): 36"X24"
SIDES: DOUBLE

OUTPUT METHOD: ENGRAVED SIGN
OUTPUT MEDIA: HIGH DENSITY URATHANE (HDU OR PVC)
MOUNTING MATERIAL:

ARTWORK COLORS: GOLD METALLIC
DARK GREEN

MODIFIERS:

FIXTURE: (1X) BLACK 47"X14" STRAIGHT SHAFT
FLUER DI LIS BRACKET
(2X) BLACK S-HOOKS

OFFICE USE ONLY

Customer Sign Off Date/Time: _____

Design Sign Off: _____

Date/Time: _____

Sales Sign Off: _____

Date/Time: _____

STEP 2 - Check if Changes are needed



Please contact Katie with changes

781-619-1141

Email: Katie@instantsign.net

FAX 781-278-9550.

STEP 3 - Approve Your Order For Production

X

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STEP 4 - Payments & Deposits

Please Circle: MC / Visa / AMEX / Discover

Print Card #: _____

St. # _____

Exp. _____

/ Zip Code _____

CSV _____

*We require a 50% deposit to begin production on approved art.

Structural Verification of Hanging Advertizing Sign 'Gardini Law'

1. Sketch of 36"x24" sign and supporting structure – metal tube bracket and steel plate 3"x14" with 2 hooks;
2. Vertical loads calculations – self weight
3. Horizontal loads calculations – wind
4. Calculations of forces and moments acting on the supporting structure and the connection between the building and the mounting structure.
5. Tension Capacity of fasteners, connecting the mounting structure to the building brick wall
6. Recommendations for using of fasteners

Prepared by: Bt Atanassova

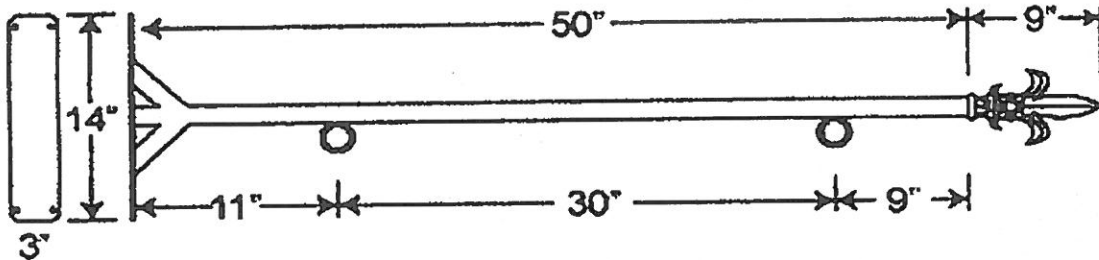
Date: 7/13/2014

Branimira Atanassova, PE (Structural)

License #: 45251



3



1.25" Square steel tubing construction

3/8" screws $\rightarrow A = 0.110 \text{ in}^2$

$0.66 \text{ k} / 0.110 = 6 \text{ ksi} < 19 \text{ ksi} - \text{Ft OK.}$

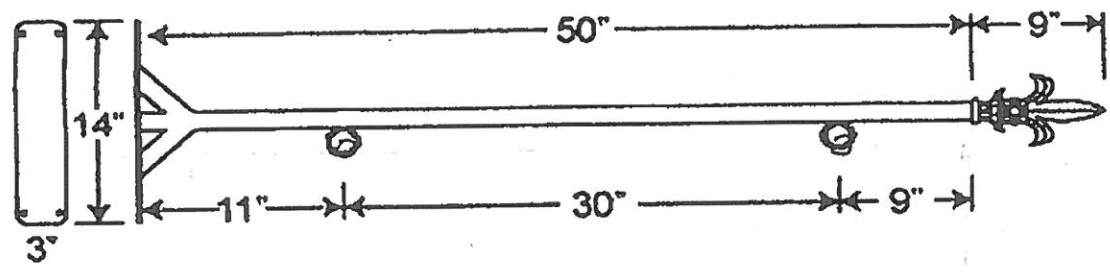
Use 4 \rightarrow 3/8" screws 4" long STAINLESS STEEL

use drill bit 5/16"

NOTE: HOLES TO BE DRILLED INTO THE SOLID BRICK, NOT THE MORTAR JOINTS.

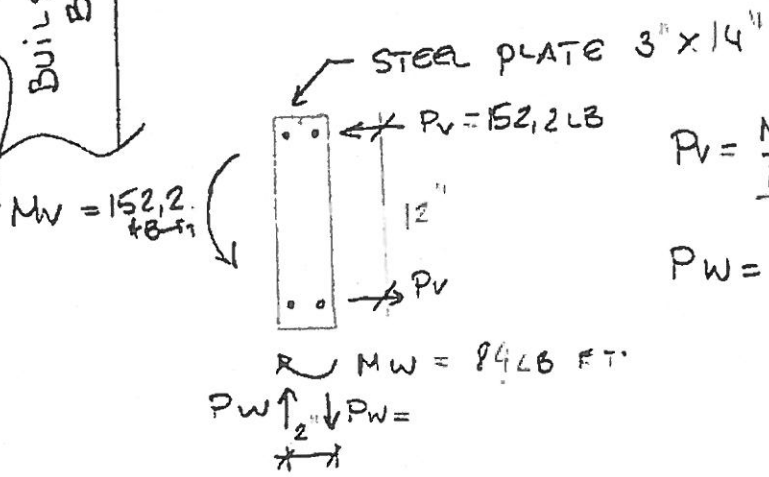
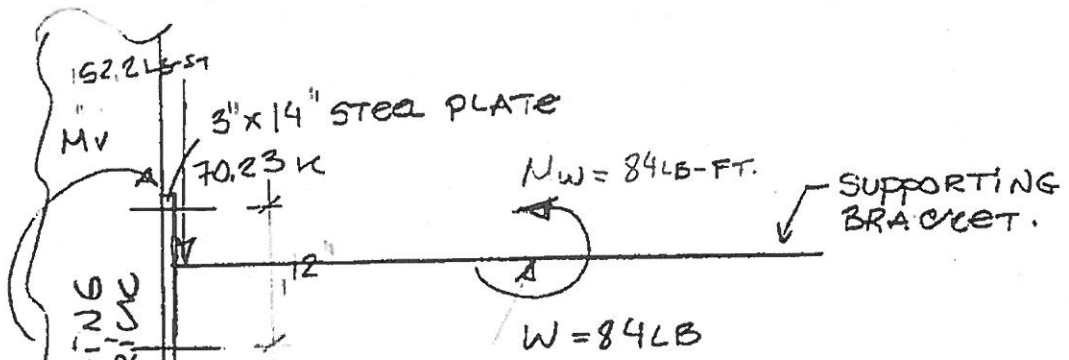


III. TENSION CAPACITY OF FASTENERS CONNECTING THE SUPPORTING STRUCTURE TO THE BUILDING



1.25" Square steel tubing construction

GARPINI LAW
SIGN



$$P_v = \frac{M_v}{\frac{12''}{2}} = \frac{152.2}{1 \text{ ft}} = 152.2 \text{ LB}$$

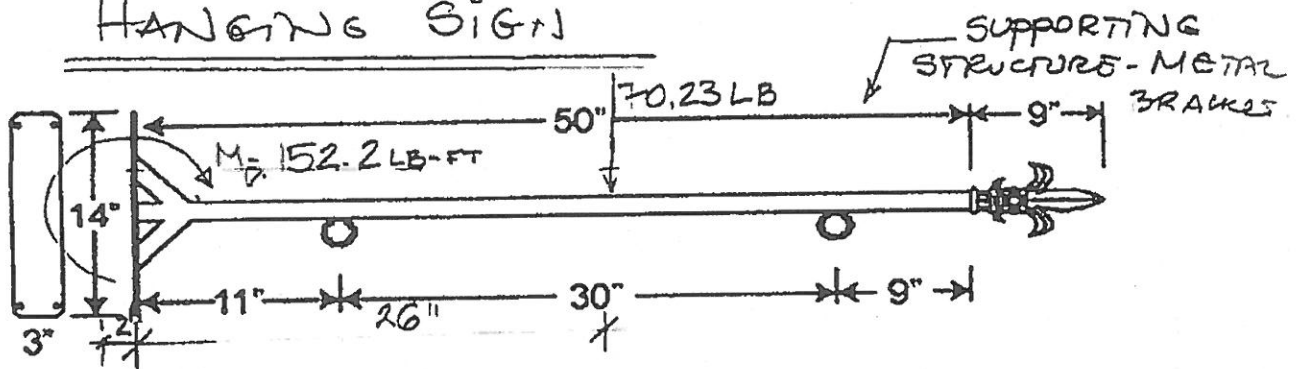
$$P_w = \frac{84}{2 \frac{1}{2}} = 33.6 \text{ LB}$$



TOTAL TENSION ON A FASTENER: $P_v + P_w = 152.2 + 33.6 = 185.8 \text{ LB}$
 $= 0.66 \text{ K}$

GARDINI LAW ADVERTIZEMENT

HANGING SIGN



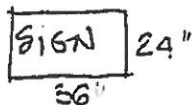
1.25" Square steel tubing construction

I. LOADS (VERTICAL)

- 3' x 14" steel plate $\frac{14'}{12} \times \frac{3'}{12} \times \frac{1}{2} = 0.024 \text{ FT}^3 \times 490 = 11.76 \text{ lb}$
- tube $\frac{1.25'}{12} \times \frac{1.25'}{12} \times \frac{59'}{12} = 0.053 \text{ FT}^3 \times 490 = 25.97 \text{ lb}$
- 400KS 25 LB

WEIGHT METAL SUPPORT 62.73 LB
BRACKET

- sign $36" \times 24" \times 15 \text{ LB/FT}^3 = \frac{36 \times 24 \times 1}{12 \times 12 \times 12} \times 15 = 0.5 \text{ FT}^3 \times 15 = 7.5 \text{ LB}$
HIGH DENSITY URETHANE

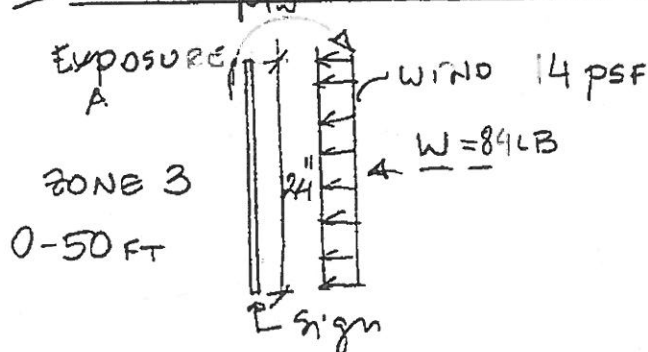


WEIGHT BRACKET AND 62.73 LB + 7.5 LB = 70.23 LB

$$M_v = 70.23 \times \frac{26}{12} = 152.2 \text{ LB-FT}$$



II. LOADS - HORIZONTAL FROM WIND



$$W = \frac{24}{12} \times \frac{36}{12} \times 14 \text{ psf} = 84 \text{ LB}$$

$$M_w = \frac{84 \times 24}{12(2)} = 84 \text{ LB-FT}$$



Hiscox Insurance Company Inc.

Policy Number: UDC-1345742-BOP-14
Named Insured: Perez Gardini LLC
Endorsement Number: 37
Endorsement Effective: April 25, 2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
The City of Somerville 93 Highland Ave Somerville, MA 02143

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

- Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.



508 Boston Providence Turnpike
Norwood, MA 02062
(800) 339-0150

24 DANE STREET
SOMERVILLE, MA 02143

3-24-14

To whom it may concern:

As the property manager acting on behalf of the owner, JWF, LLC, for 24 DANE STREET, I have reviewed and approved the proposed sign design for this location.

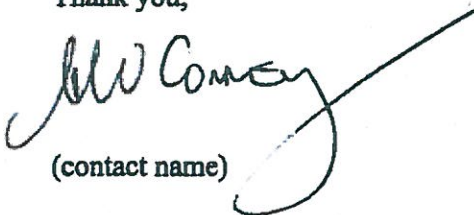
I hereby authorize Instant Sign Center (and contractors that are authorized by Instant Sign Center) to act on our behalf in all manners relating to the application of sign permits, including signing of all documents relating to these matters. Any and all documents submitted to governing agencies for approval will first be sent to JWF, LLC for review and approval. Instant Sign Center acknowledges that JWF, LLC requires that all documents submitted to governmental/public agencies on behalf of its properties must first be reviewed by its owners and/or property manager prior to submission.

Liability insurance for work at 24 Dane Street on behalf of Instant Sign Centers and/or its subcontractors should be submitted in advance of work and should name JWF, LLC as additional insured with an address of 21 Properzi Way, Somerville, MA 02143.

Prior to sign installation, Instant Sign Center and/or its contractors will provide at least 24-hour advance notice to JWF, LLC so that it can schedule JWF, LLC installation supervision. The management office telephone number is (617) 718-0431.

If you have any questions regarding this matter please feel free to contact us at:
855-337-8440

Thank you,



(contact name)

AMES BUSINESS PARK

MANAGER

617. 718. 0431



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Perez Gardini LLC
Address of taxpayer/applicant's business in Somerville: 24 Dane St Somerville, MA
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 214-727-8223 OR 214-228-1026

I, (print name) Ludovino Gardini, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 3rd day of April, 2014
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate ☒ Water/Sewer ☐ Personal Property ☐ Other: _____
WPA 4457 # 249034061 # _____ # _____

NOTES:

CLERK'S INITIALS: C9 ORIGINAL STAMP:



RECEIVED
8/14/14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Perez Gardini LLC

Address: 24 Dane St

City: Somerville State: MA Zip: 02143 Phone #: (617) 507-1779

- ☒ I am an employer with 8 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☒ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Bartford Insurance company of me midwest

Address: 277 Park ave

City: New York NY State: NY Zip: 10173 Phone #: 1-800-467-8130

Policy #: 39WBGAA2080-001

Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature]

Date: 4-3-14

Print Name: Ludovino Gardini

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

2014 NOV -5 P 12:39

Somerville City Hall
93 Highland Avenue
Somerville, MA 02143

CITY CLERK'S OFFICE
SOMERVILLE, MA

4/14/2014

RE: 24 Dane Street
Somerville, MA 02143

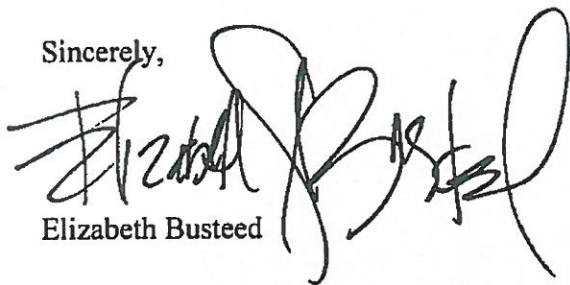
ATTN: City Clerk

Thank you for your time in review of this project.

Enclosed are the following documents: permit application, check made out to City of Somerville for permit fee of \$250, art rendering/photos, letter of authorization, proof of applicant's business liability insurance showing City of Somerville as an Additional Insured, workers compensation insurance affidavit, and certificate of liability insurance.

If there are any additional details/documents required please let me know and I will be happy to provide in a timely manner.

Sincerely,



Elizabeth Busteed