

## APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 06/19/15

FOR CITY CLERK'S OFFICE ONLY

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: Kaya Beauty Spa Salon Phone: 617-776-2510

Applicant's Federal Employer Identification Number: 27-5337235

Applicant's Legal Name: Anita Hastir

Applicant's Address (with Zip Code): 92 Highland Ave. Somerville, MA 02145

Mailing Name (where we should send correspondence to): Anita Hastir

Mailing Address (with Zip Code): 92 Highland Ave. Somerville, MA 02145

Emergency Contact: Store Manager Phone: 617-776-2510

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: Kaya Beauty Spa Salon Corp.

Name of President: Anita Hastir

Name of Secretary: Anita Hastir Name of Treasurer: Anita Hastir

☐ **LLC:** Name of LLC: \_\_\_\_\_

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: Neto Sign and Awning  
Phone: 978-851-2424; 978-978-0198

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
Blade sign protruding from 92 Highland Ave  
29 inches protruding from the building, 24 inches tall

#### 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: Anita Hastir Date: 06/19/15  
Print Name: Anita Hastir Phone: 617-776-2510

#### 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: John Driscoll Date: 6/22/15  
Print Name: John Driscoll Title: Building Inspector

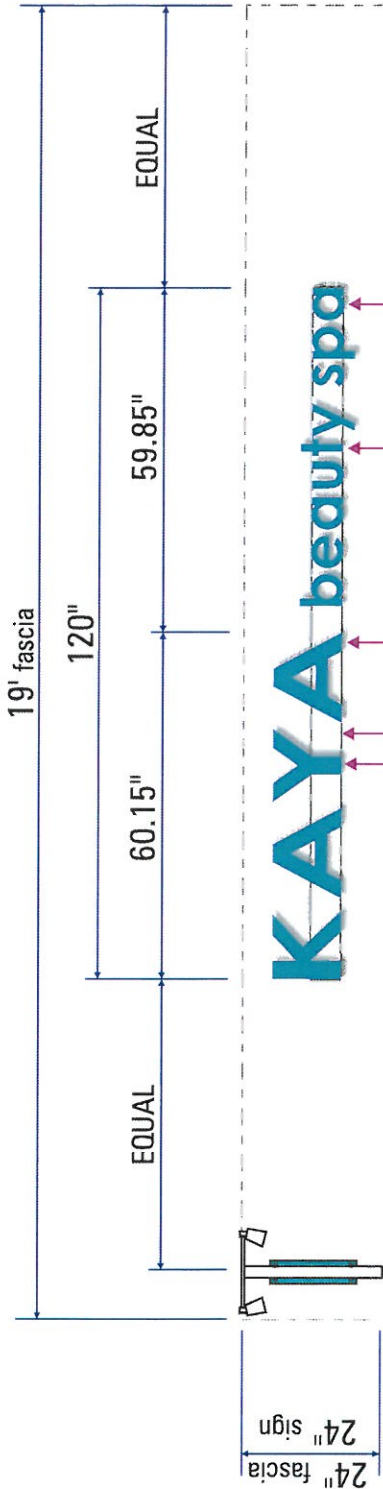
#### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



**SIGN SQUARE FOOTAGE:**  
12" x 10" = 10 sq.ft.

**KAYA beauty spa**

**Sign 2**

- Custom fabricated channel letters with internal white led illumination
- Letter sides to be aluminum painted white. (acrylic polyurethane)
- Letter faces to be 3/16" thick white acrylic with 1" white trim cap edges.
- Vinyl overlays on faces -- 3M #236 Turquoise.
- Letter backs to be 5mm thick Alumatite.
- Letter depth to be 4".
- Letters mounted to 3" deep x 5" high x 120" wide raceway.
- .063" aluminum cladding with inner aluminum angle frame--to house all power supplies.)

Font: **Century Gothic Bold**

## INTERNALLY ILLUMINATED CHANNEL LETTERS

SCALE: 3/8" = 1'-0"

**Paint Colors: Low Gloss Finish**  
☐ White

**Vinyl Colors:**  
☒ 3M transl. #236 "Turquoise"

**Electrical Voltage: 120 Amp: 20**



Existing Sign



Proposed New Sign

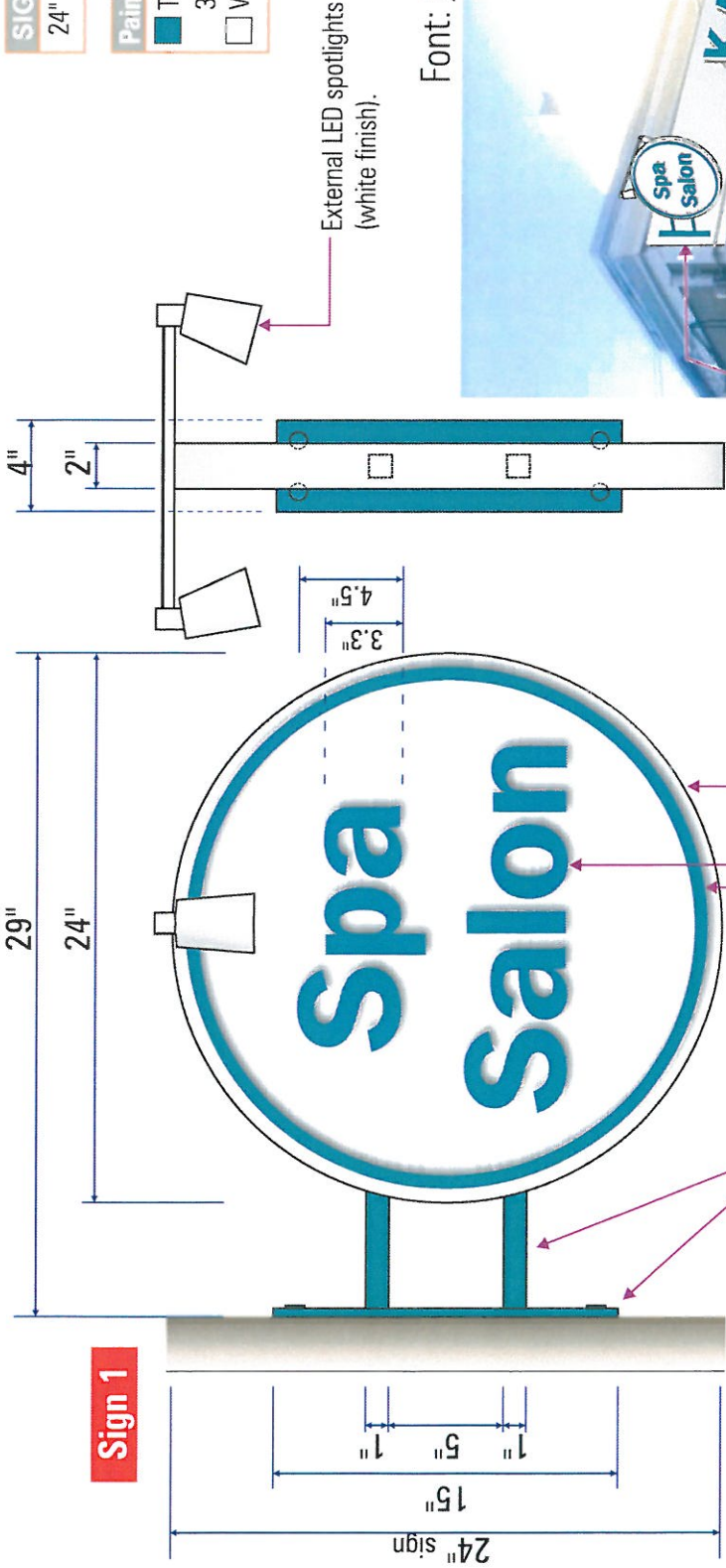


www.metrodesign.net		Fax: 978-851-2022		170 Lorum Street, Tewksbury, Ma 01876		978-851-2424	
<b>Customer/Job Location:</b> Kaya Spa Salon Somerville, MA				<b>File Name:</b> City of Somerville Kaya Spa Salon 15-15177.cdr			
<b>Draw Date:</b> 3.18.2015				<b>Release to Production:</b>			
<b>Rev 1</b>				<b>Rev 2</b>			
<b>Rev 3</b>				<b>Rev 4</b>			
<b>Approval:</b>				<b>Approval:</b>			
<input type="checkbox"/> Approved				<input type="checkbox"/> Approved As Noted			
<input type="checkbox"/> Rejected				<input type="checkbox"/> Rejected and Resubmit			
<b>Sales Rep:</b> Dana Singleton				<b>Design: SM P.M.:</b> 15-15177-3			
<b>Work Order:</b>				<b>Work Order:</b>			



**SIGN SQUARE FOOTAGE:**  
24" x 24" = 4 sq.ft.

**Paint Colors: Low Gloss Finish**  
■ Turquoise Blue: to match 3M transl. vinyl #236 "Turquoise"  
■ White



External LED spotlights  
(white finish).

Side View

1" square aluminum tube bracket arms  
with 1/2" thick mounting plate, painted "Turquoise Blue".

1/2" thick acrylic letters and border stripe painted "Turquoise Blue".  
Letters/stripe blind mounted to sign background.

2" deep fabricated projecting pan sign.  
Faces to be "White" Dibond panels.

Sign sides to be formed .040" aluminum returns with white painted finish.  
 - No raised border edge.  
 - Sign mounted to building fascia above canopy.

## DOUBLE FACE PROJECTING BLADE SIGN

SCALE: 1 1/2" = 1'-0"

Font: **Franklin Gothic Bold**



Proposed New Sign



www.metrodesign.net		Fax: 978-851-2022		170 Lorum Street, Tewksbury, Ma 01876		978-851-2424	
<b>Customer/Job Location:</b> Kaya Spa Salon Somerville, MA		<b>Draw Date:</b> 3.9.2015 <b>Release to Production:</b> 3.18.2015: turquoise color match		<b>File Name:</b> City of Somerville Kaya Spa Salon 15-15177.cdr		<b>Design:</b> SM P.M.: Dana Singleton	
<b>Approval:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved As Noted <input type="checkbox"/> Revert and Resubmit		<b>Sales Rep:</b> Dana Singleton		<b>Drawing #:</b> 15-15177-1r1		<b>Work Order:</b>	

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Kaya Beauty Spa Salon Corporation  
Address of taxpayer/applicant's business in Somerville: 92C Highland Ave. Somerville, MA 02145  
Address of taxpayer/applicant's home in Somerville: 140 Jacques St. #D Somerville, MA 02145  
Taxpayer/applicant's phone: day: 617-776-2510 evening: 617-776-2510

I, (print name) Anta Hastir, 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 19 day of June, 2015. Anta Hastir  
(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: \_\_\_\_\_  
# 7218/7563 # 2291038011 # 497 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: SR

ORIGINAL STAMP: 

SR  
**RECEIVED**  
6-19-15



**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: Kaya Beauty Spa  
Address: 92 Highland Ave.  
City: Somerville State: MA Zip: 02143 Phone #: 617-776-2910

☒ I am an employer with 5 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 Spa  
☒ Other Spa

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Norfolk Dedham Group  
Address: 222 Ames St.  
City: Dedham State: MA Zip: 02026 Phone #: 508-982-7660  
Policy #: WE128465A Expiration Date: 07/01/2016

**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: Anita Hastis Date: 06/19/15  
Print Name: Anita Hastis

**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 \_\_\_\_\_