

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 6/22/15

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 2015 JUN 22 P 3:23
Amount Paid _____
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Mr. Crepe Phone: 617-623-0661

Applicant's Federal Employer Identification Number: 020783783

Applicant's Legal Name: Crispy Crepe LLC dba Mr Crepe

Applicant's Address (with Zip Code): 49 Davis Sq Somerville 02144

Mailing Name (where we should send correspondence to): Mr Crepe

Mailing Address (with Zip Code): 51 Davis Sq. Somerville 02144

Emergency Contact: Alicia Lafuente Phone: 617-504-9950

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

Sole Proprietor: Name of Owner: Peter Creyf

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: _____
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: Flaggraphics Inc.
Phone: 617-776-7549

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
(2) new awnings to go above front
Windows

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: 06/22/15
Print Name: Leonardo Souza Phone: 617-623-0661

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: [Signature] Date: 6-22-15
Print Name: Floyd Richardson Title: LBI

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: _____



Existing



New



30 ALSTON STREET, SOMERVILLE, MA 02134
(617) 776-7549

Project: Mr Crepe
Salesman: Tony L.
Scale: Not to Scale
Date: 5/28/2015

Designer: Josh B.

Sketch #: 2

Location:
Mr Crepe
51 Davis Square
Somerville MA 02144

File Name:

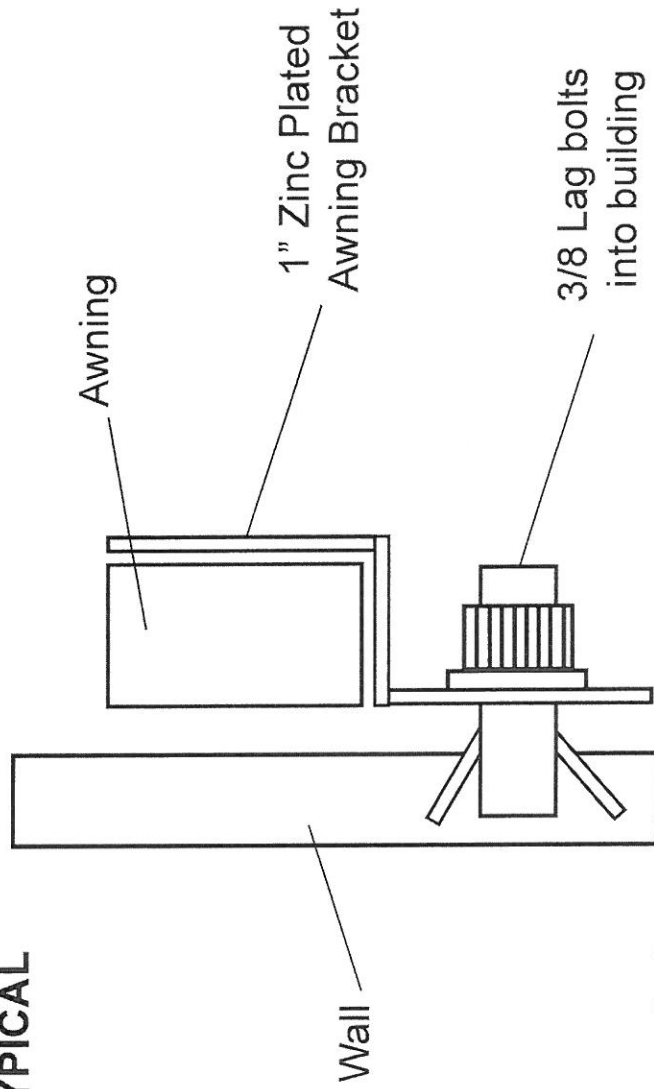
Job Description:
Awning

Revised

Note: This is an original drawing created by and owned by Flagraphics, Inc. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied, or exhibited in any fashion.

Customer Approval:

**ANCHOR DETAIL
TYPICAL**



Not to Scale



30 ALSTON STREET, SOMERVILLE, MA 02134
(617) 776-7549

Project: Mr Crepe
Salesman: Tony L.
Scale: Not to Scale
Date: 5/28/2015

Designer: Josh B.

Location:
Mr Crepe
51 Davis Square
Somerville MA 02144
File Name:

Job Description:
Awning

Revised

Note: This is an original drawing created by and owned by Flagraphics, Inc. It is submitted for your personal use in connection with a project being planned for you by Flagraphics, Inc. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied, or exhibited in any fashion.

Customer Approval:



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE:

BUSINESS LOCATION:

49 Davis Sq

AND/OR

TAXPAYER'S HOME ADDRESS:

TAXPAYER/APPLICANT PHONE: DAY:

617 623 0661

EVENING:

BUSINESS NAME:

Mr Crepe

BUSINESS ID NUMBER:

020 783 783

BUSINESS PHONE:

617 623 0881

I (print name)

Peter Creyf

the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 22 day of June

2015 (Taxpayer's Signature)

DATE OF ISSUANCE: 6-22-15 CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

4553

322052001

NOTES:

CLERKS INITIALS:

OR

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

RECEIVED 6-22-15 OR

