

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

Application Fee \$250.00

Date March 21, 2012

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3/29/12 - ms</u>
Amount Paid	<u>\$250.00 ck # 122</u>

☒ 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 Name: iYO, inc. Phone: 617-688-2407

Business DBA Name (if applicable): N/A

Address with Zip Code: 234 Elm Street, Somerville, MA 02144

Tax Identification Number: 45-3833935 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Bryan Poisson

Address with Zip Code: 3 Cypress Street, Marblehead, MA 01945

Property Owner Name: Hancock Somerville, LLC Phone: N/A

Address with Zip Code: 1200 Salem Street, #119, Lynnfield, MA 01940

Emergency Contact 1: Bryan Poisson Phone: 617-688-2407

Emergency Contact 2: Robert Parkin Phone: 203-535-7952

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: Bryan Poisson

Address with Zip Code: 3 Cypress Street, Marblehead, MA 01945

Partner's/Member's/Secretary's Name: Robert Parkin

Address with Zip Code: 3 Cypress Street, Marblehead, MA 01945

Partner's/Member's/Treasurer's Name: Bryan Poisson

Address with Zip Code: 3 Cypress Street, Marblehead, MA 01945

2012 MAR 29 2:49  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Phone: . . .

(1) Wall Sign, 31 Sq. Ft., Externally Illuminated

(1) Blade Sign, 7.1 Sq. Ft. Each Side, Internally Illuminated

(1) Wall Sign, 4.7 Sq. Ft., Non-illuminated

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.

Signature of Applicant: [Signature] Date: 3/21/12

Print Name: Bryan Poisson Phone: 617-688-2407

The Inspectional Services Department recommends:

☒ Approval ☐ Denial

This sign or awning is to be installed in a historic district:

True ☒ False

Signature: [Signature]

Date: 3-21-12

**(only required for signs or awnings in historic districts)**

The Historic Preservation Commission recommends

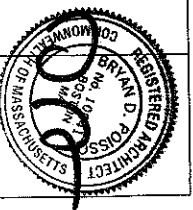
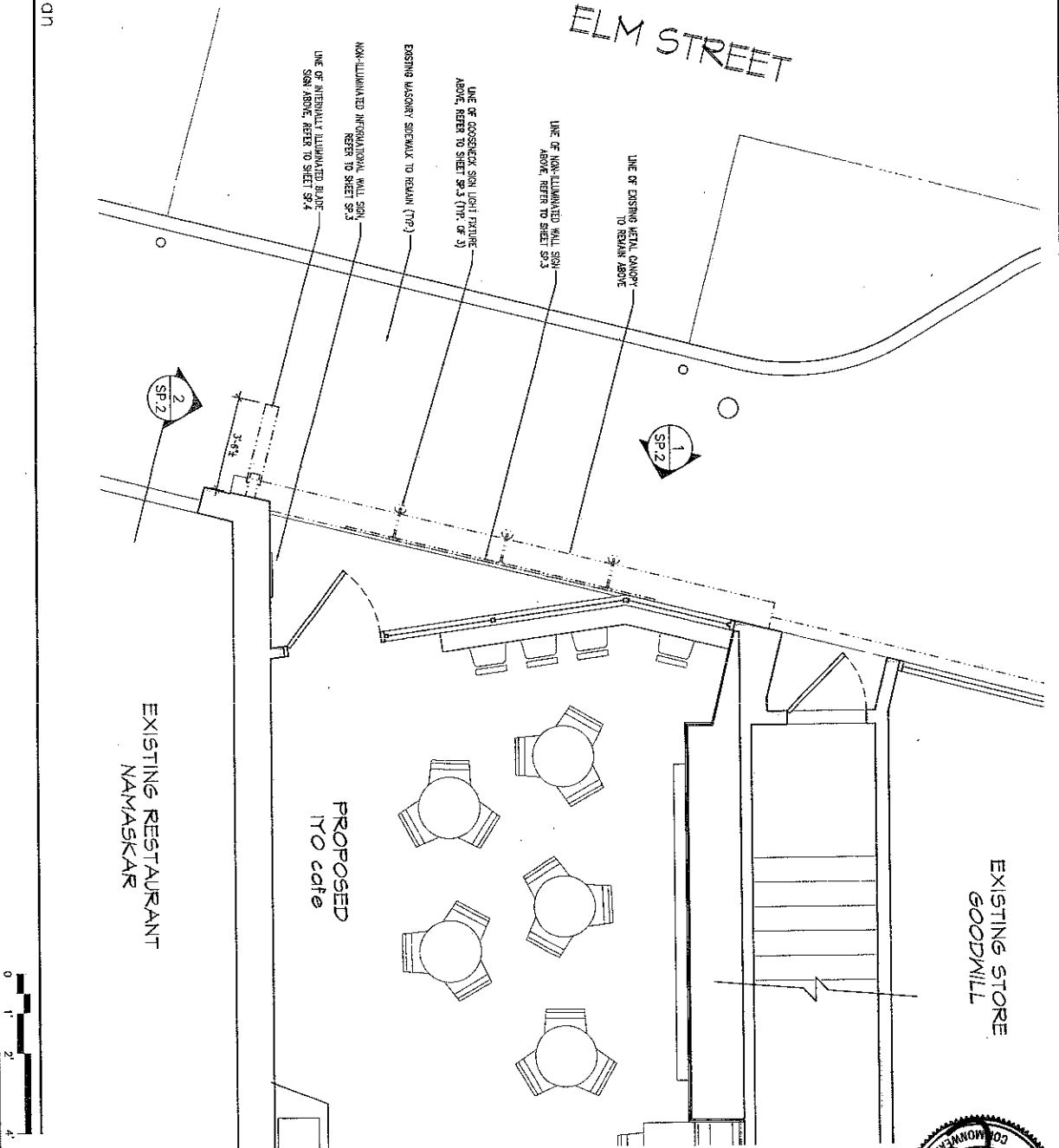
Approval          Denial

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

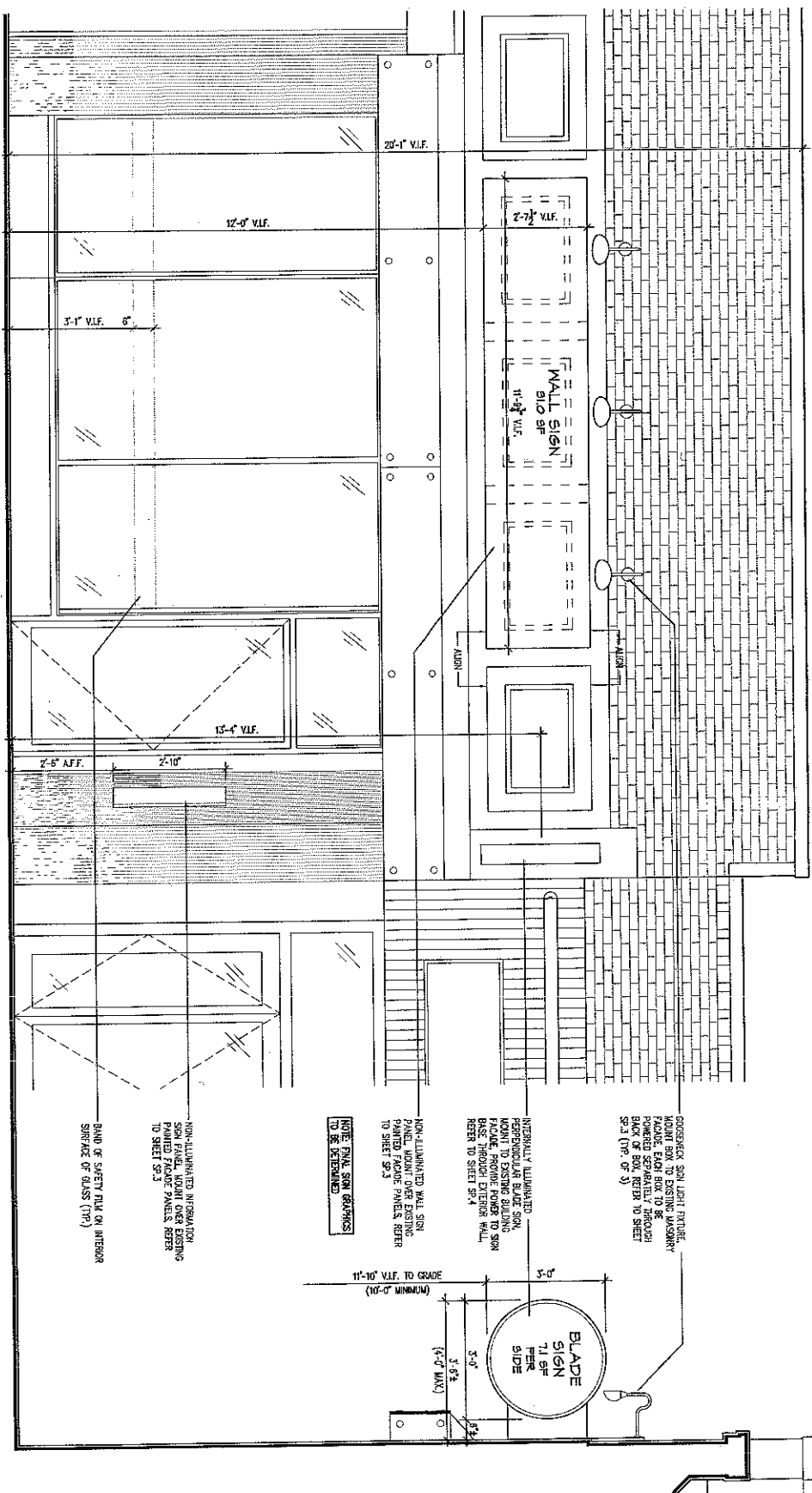
Date: \_\_\_\_\_

Sign Area Calculation:	
Wall Sign:	31.0 SF
Perpendicular Sign: (2 x 7.1 SF)	14.2 SF
Informational Sign:	4.7 SF
Total:	49.9 SF
Maximum Allowed Sign Area: (per 12.4.4.d)	50.0 SF

1 Proposed Partial Site Plan  
SP.1 SCALE: 1/4" = 1'-0"



IYO Café 234 Elm Street Somerville, MA	
APPROACH ARCHITECTS 36 Bromfield St. Suite #404 Boston, MA 02108 TEL (617) 556-2627 FAX (617) 556-4884	
DATE: 28 JUNE 12	SCALE: 1/4" = 1'-0"
DRAWN: CMK/ASH	
PROPOSED PARTIAL SITE PLAN	SHEET NUMBER SP.1

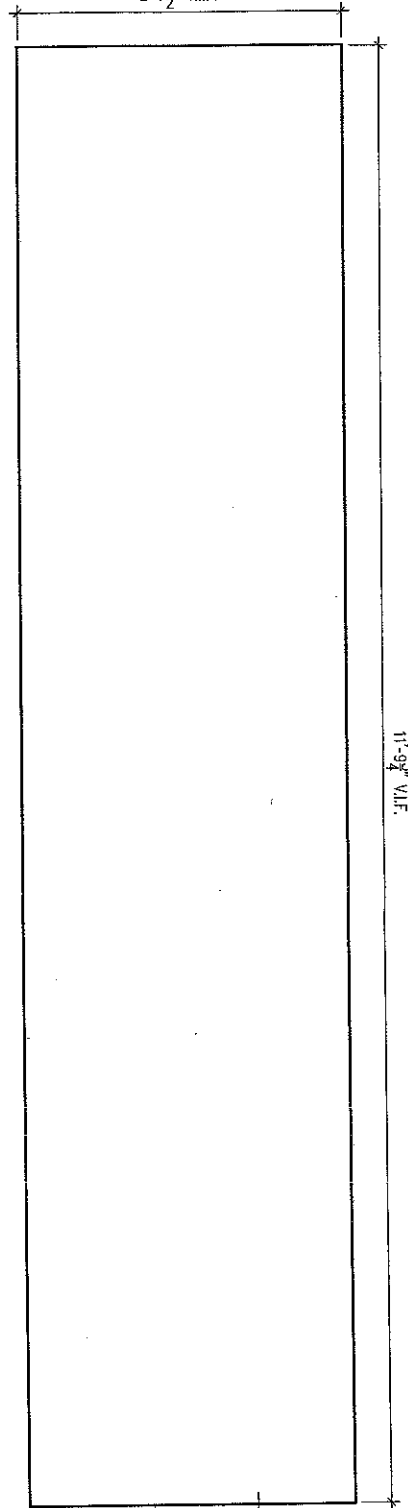


36 Bromfield St. Suite #404 Boston, MA 02108  
TEL (617) 556-2627 FAX (617) 556-4884

11'-9 3/4" V.L.F.

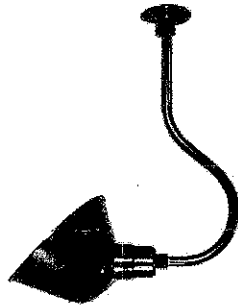
2'-7 1/2" V.L.F.

PAINTED EXTERIOR  
GRADE SIGN PANEL  
PAINTED METAL  
EDGE BAND  
(TYP. FOUR SIDES)



1 Proposed Sign Detail Elevation

SP.3 SCALE: 1" = 1'-0"

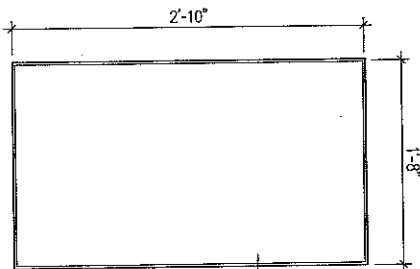


All Weather Gooseneck 10" Angle Shade

Shade Size: N 10" x H 10 1/2"  
Mounting: B-1 Gooseneck Arm  
Finish: Black

Max Wattage Per Socket: 200W  
Number Of Sockets: 1

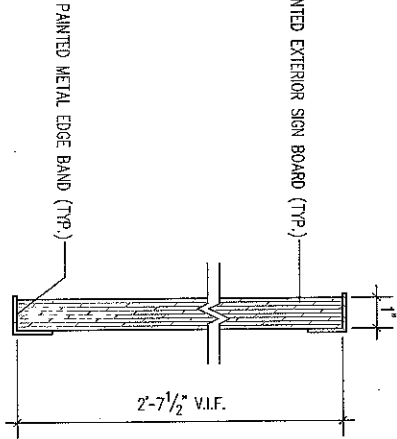
UL Location: Rated For Wet Locations  
Manufactured: Made in the U.S.A.



PAINTED EXTERIOR  
GRADE SIGN PANEL  
PAINTED METAL  
EDGE BAND  
(TYP. FOUR SIDES)

4 Proposed Informational Sign

SP.3 SCALE: 1" = 1'-0"

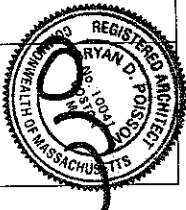


2 Proposed Sign Section

SP.3 SCALE: 3" = 1'-0"

3 Proposed Sign Lighting

SP.3 NOT TO SCALE



YO Café  
234 Elm Street Somerville, MA

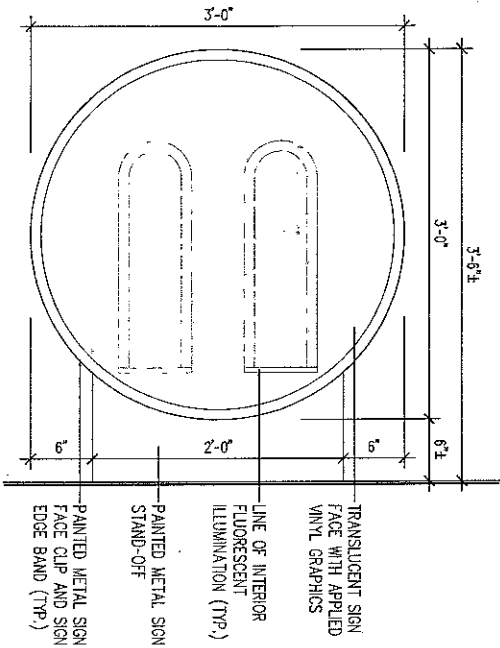
APPROACH ARCHITECTS  
35 Bromfield St. Suite #404 Boston, MA 02108  
TEL (617) 558-2627 FAX (617) 556-4884

DATE: 20 MAR 12  
SCALE: AS SHOWN  
DRAWN: DMV/MEH

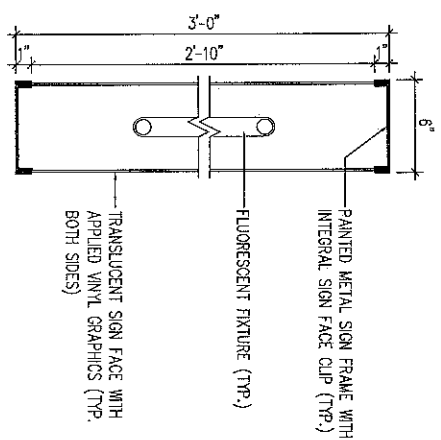
PROPOSED  
WALL SIGN  
DETAILS

SHEET NUMBER

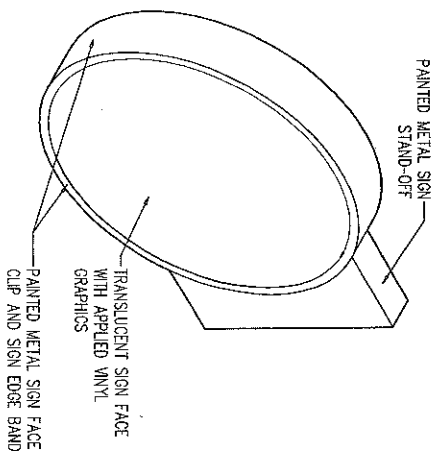
SP.3



1 Proposed Sign Elevation - Circle  
SP.4 SCALE: 1" = 1'-0"

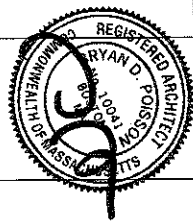


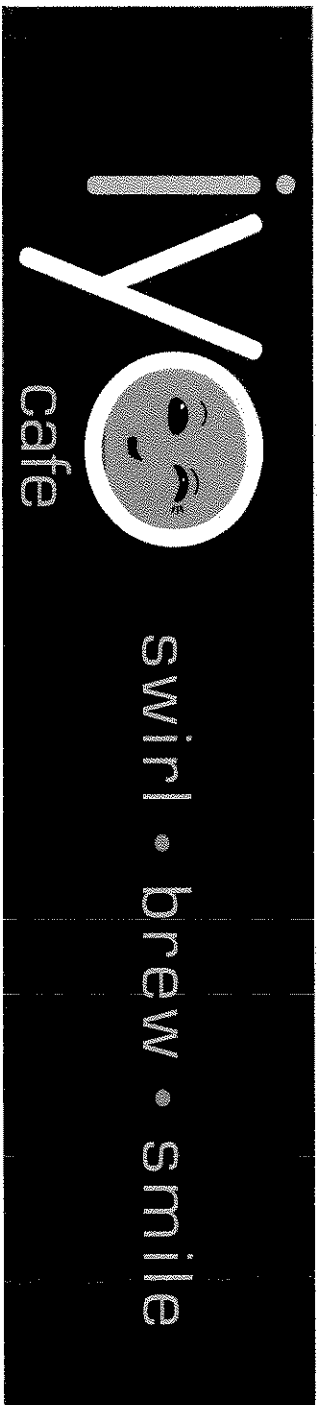
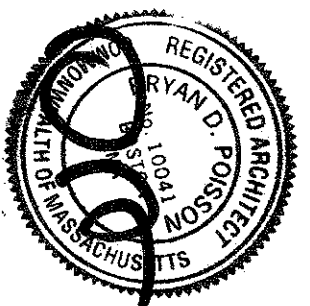
2 Proposed Sign Section  
SP.4 SCALE: 1 1/2" = 1'-0"



3 Proposed Sign Axon  
SP.4 NOT TO SCALE

SHEET NUMBER <b>SP.4</b>	PROPOSED PERPENDICULAR BLADE SIGN DETAILS	iYO Café 234 Elm Street Somerville, MA	
		APPROACH ARCHITECTS 36 Bromfield St. Suite #404 Boston, MA 02108 TEL (617) 556-2827 FAX (617) 556-4884	
DATE: 28 JUN 12 SCALE: AS SHOWN DRAWN: CMK/MEJ			

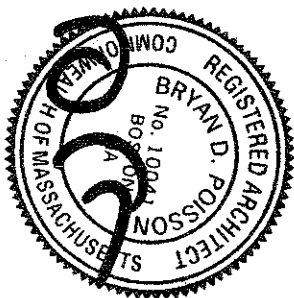




<b>iYO cafe</b> 234 Elm Street Somerville Proposed Wall Sign Graphics		DATE: 29 MAR 12
<b>APPROACH ARCHITECTS</b> 36 Bromfield St. Suite #404 Boston, MA 02108 TEL (617) 556-2627 FAX (617) 556-4884		SCALE: N.T.S.
		<b>SP.5</b> SHEET NUMBER



<p><b>iYO cafe</b> 234 Elm Street Somerville Proposed Blade Sign Graphics</p>	<p>DATE: 29 MAR 12</p>
<p><b>APPROACH ARCHITECTS</b> 36 Bromfield St. Suite #404 Boston, MA 02108 TEL (617) 556-2627 FAX (617) 556-4864</p>	<p>SCALE: N.T.S.</p> <p><b>SP.6</b> SHEET NUMBER</p>







# CERTIFICATE OF LIABILITY INSURANCE

OP ID: NB

DATE (MM/DD/YYYY)

03/23/12

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).

<b>PRODUCER</b> THE BURKE INSURANCE AGENCY 18 Brown Street Salem, MA 01970		978-741-7810 978-741-7805	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> IYOIN-1	
<b>INSURED</b> iYO Inc. Bryan Poisson 234 Elm Street Somerville, MA 02144		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Commerce Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b>

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			TBAIYOI-001-01	04/01/12	04/01/13	EACH OCCURRENCE	\$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS	OTH-ER
							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)

The City of Somerville will be named as Additional Insured as respects the overhanging sign at 234 Elm St, Somerville, MA.

**CERTIFICATE HOLDER****CANCELLATION**

SOMM001

CITY OF SOMERVILLE  
Wiring Inspector  
1 Franey Road  
Somerville, MA 02145

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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**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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 Individual or Corporate Name (Mandatory)

Bryan Poisson, President, iYO, Inc.  
By: Corporate Officer (Mandatory, if a corporation)

45-3833935  
\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: iYO, Inc.

Address of taxpayer/applicant's business in Somerville: 234 Elm Street

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-688-2407 evening: same

I, (print name) Bryan Poisson, 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 21st day of March, 20 12.  
(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: \_\_\_\_\_

# 16554010 # 31308200/31308201 # No Acc # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: a

ORIGINAL STAMP:

RECEIVED  
APR-29-12

***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: Bryan Poisson; iYO, Inc.

Address: 234 Elm Street

City: Somerville State: MA Zip: 02144 Phone #: 617-688-2407

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

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

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ 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: \_\_\_\_\_

Date: 3/21/12

Print Name: Bryan Poisson

***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 #: \_\_\_\_\_

- |  |
|--|
| <input type="checkbox"/> Board of Health     |
| <input type="checkbox"/> Building Department |
| <input type="checkbox"/> City/Town Clerk     |
| <input type="checkbox"/> Licensing Board     |
| <input type="checkbox"/> Selectmen's Office  |
| <input type="checkbox"/> Other _____         |