

2011 APR 28 A 10:43

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 4/21/2011

FOR CITY CLERK'S OFFICE  
Date Recorded  
Amount Paid \$250.00  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

- X 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: Chobert LLC Phone: 617-821-6052

Business DBA Name (if applicable): Subway #49185

Address with Zip Code: 860 Broadway, Somerville, MA 02144

Tax Identification Number: 27-3158902 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to): Chobert LLC

Address with Zip Code: 1651 Trapelo Rd., Waltham, MA 02451

Property Owner Name: Charles P. Kostopoulos Phone: 941-928-2740

Address with Zip Code: 51 Fairfield St., Cambridge, MA 02140

Emergency Contact 1: Christopher Cho Phone: 617-821-6052

Emergency Contact 2: Enrique Colbert Phone: 617-686-8780

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X 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: Christopher Cho

Address with Zip Code: 1651 Trapelo Rd., Waltham, MA 02451

Partner's/Member's/Secretary's Name: Enrique Colbert

Address with Zip Code: 36 Cheshire St., Jamaica Plain, MA 02130

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

Address with Zip Code:

Name of company erecting sign: Sign-A-Rona of Cambridge  
Phone: 617-492-3324

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.  
1.5" Redwood letters painted gold. Sign dimensions 11.8" x 87"  
Located on front facade of store front

**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.

Signature of Applicant: [Signature] Date: 4/27/11  
Print Name: Christopher Cho Phone: 617-821-6052

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Services Department recommends:  Approval  Denial  
This sign or awning is to be installed in a historic district:  True  False  
Signature: [Signature] Date: 4-29-11

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**  
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends  Approval  Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



11/2/78  
ALD 4/278

Substantial Conforms with  
Prior Approval  
Planning Department  
City of Seasideville

Substantial  
Conforms with  
Prior Approval  
Planning Department  
City of Seasideville

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Conforms with  
Prior Approval  
Planning Department  
City of Seasideville

OPEN

OPEN



Quote Date	4/7/2011
SalesRep	MM
Terms Code	50% Deposit req
Cust Id	CHOBERT001

# SIGN★A★RAMA

**WHERE THE WORLD GOES FOR SIGNS**

<< Quote >>

**Order Id**

**009861**

Phone (617) 821-6052

Fax

E-mail

Sign-A-Rama of Cambridge  
95 First Street

Cambridge, MA, 02141- USA

Phone: (617)-492-3324 Fax: (617)-492-2106

www.signarama-cambridge.com

info@signarama-cambridge.com

Phone (617) 821-6052  
Fax

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**Chobert Inc.**  
Somerville, MA USA

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**Chobert Inc.**  
Somerville, MA USA

Item ID	Qty	Unit of Measure	Unit Price	Extended Price
<b>CUSTOM SIGN</b>	1	Each	\$1,749.66	\$1,749.66

1.5" Redwood

19.8" x 87" x 1.5" - Individually routed, painted Redwood letters. Includes painting 1 stock one shot color, studs for mounting, pattern. Price does not include a PMS color. Qty:1

<b>CUSTOM SIGN</b>	1	Each	\$1,243.66	\$1,243.66
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~~1.25" Extra~~

~~19.8" x 87" x 1.25" - Individually routed, painted Extra Letters. Includes painting 1 stock one shot color, studs for mounting, pattern. Price does not include a PMS color. Qty:1~~

<b>MISC</b>	1	EA	\$285.00	\$285.00
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Installation

**Invoices and Cancellation of Orders**

Sign-A-Rama (Vendor) prepares your order according to your specifications. Therefore, prior to its commencement, your order is only cancelable with the Vendor's prior written consent. After commencement of your order (the point at which materials are assembled and work has begun), your order is non-cancelable.

The Customer is Solely Responsible for Proofreading

The customer is solely responsible for proofreading. Vendor does not assume any responsibility for the correctness of copy. Therefore, you must review and sign a proof prior to our commencement of your order. By signing your proof, you approve of its content and release the Vendor to commence our work. You are solely responsible for the content of the proof once it has been signed. However, if we should make an error in producing the work as proofed, please be assured that we will redo the work as quickly as possible and without charge to you.

**Vendor's Liability**

Vendor's total liability is hereby expressly limited to the services indicated on the invoice and Vendor will not be liable for any subsequent damages, consequential damages, or otherwise. All dates promised on this invoice are approximations unless the word "firm" is written and acknowledged by the Vendor.

**Terms of Payment**

Upon ordering, you must give Vendor a 50% deposit. Your balance will be due upon delivery and/or installation.

Vendor may, at its sole discretion, extend credit terms to you upon approval.

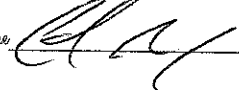
Collection Procedures Invoices are considered delinquent thirty (30) days from the date that your order is completed.

After the thirtieth day, a late charge of \$25.00, together with interest accruing at the rate of 1.5% per annum, or the maximum rate allowable by law is assessed. You shall be liable for all costs related to collection of delinquent invoices, including court costs and attorney's fees.

**Customer's Acceptance of Work**

Customer's acceptance, either personal or through his/her agent(s) and/or employee(s) of the work ordered shall be deemed as full acceptance. This means that by accepting delivery of the work, customer affirms that the work substantially conforms to all expectations.

**Lost or Substantially Forgotten Work** If customer does not take possession of completed work within thirty (30) days from notification of completion, then the work will be considered lost or forgotten, and vendor will not be responsible for further loss. Customer will be billed and responsible for payment for work that has been completed.

Signature  Date: 4/7/11

**Adam Duchesneau**

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**From:** Chobert Inc. [chobert@gmail.com]  
**Sent:** Thursday, April 07, 2011 6:06 PM  
**To:** Adam Duchesneau  
**Subject:** Re: 860 Broadway - Subway Sign Application

**Attachments:** 110406 Subway Maroon Gold Dimensional Letters REV1.pdf



110406 Subway  
Maroon Gold Dime...

Adam,

*Substantially Conforms with  
Prior Approval  
Planning Department  
City of Somerville* ALD  
4/7/11

Actually, the sign company was adding spacing into the measurements between the lettering, so the final dimensions will be:  
19.8" x 87" x 1.5" which is 11.96sqft

Also, we'll use the existing lighting for now and when the landlord changes the lighting for the entire building, we'll switch to the overhead lighting fixture.

I've enclosed a picture to show the dimensions. Let me know if you need any additional information and I'll move forward with the building dept application with the sign company.

Sincerely,  
Christopher Cho

On Tue, Apr 5, 2011 at 4:23 PM, Chobert Inc. <chobert@gmail.com> wrote:

- > Adam,
- >
- > Here are the sign specifications from our sign company:
- >
- > 1.5" Redwood - Natural Wood
- > 18" x 78" x 1.5" - Individually routed, painted Redwood Letters.
- > Includes painting 1 stock one shot color (GOLD), studs for mounting,
- > pattern. Qty:1
- >
- > With the spacing of the individual letters, the total sign area will
- > be just under 12sqft which is the frontage of our storefront.
- >
- > Sincerely,
- > Christopher Cho
- >
- >
- >

> On Thu, Mar 31, 2011 at 7:17 PM, Adam Duchesneau  
> <aduchesneau@somervillema.gov> wrote:

- >> Chris,
- >> This looks good. Please forward along the exact specifications once you have them and I will be able to sign off on this condition.
- >>
- >> Adam
- >>
- >> Adam Duchesneau
- >> Planner
- >> Mayor's Office of Strategic Planning & Community Development City of
- >> Somerville
- >> 93 Highland Avenue
- >> Somerville, MA 02143



CITY OF SOMERVILLE, MASSACHUSETTS  
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT  
JOSEPH A. CURTATONE  
MAYOR

*PLANNING DIVISION*

**TO:** Paul Nonni/Kelly Como, Inspectional Services Division  
**FROM:** Adam Duchesneau, Planning Staff  
**DATE:** April 7, 2011  
**RE:** Property Address: 860 Broadway  
Case # ZBA 2010-73

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The Planning Staff has worked with the Applicant on an acceptable signage design per the conditions set forth by the Zoning Board of Appeals in their decision dated January 5, 2011. The Staff has determined that the Applicant has satisfied Condition #3 with the attached documents regarding signage at the property. The Staff recommends a building permit be issued for the project once the Inspectional Services Division has performed their review of the project and has determined that the project will meet their requirements.

Other departments may need to sign-off on conditions listed below before the building permit can be issued for this project.

Please contact me if you need any further information.

cc: Applicant: Chobert, LLC

(over)



CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143  
(617) 625-6600 EXT. 2500 • TTY: (617) 666-0001 • FAX: (617) 625-0722

[www.somervillema.gov](http://www.somervillema.gov)



#	Condition	Timeframe for Compliance	Verified (initial)	Notes								
1	<p>Approval is for the change of a non-conforming use (a frozen yogurt parlor) to another non-conforming use in order to open a fast food sandwich store. This approval is based upon the following application materials and the plans submitted by the Applicant:</p> <table border="1"> <thead> <tr> <th>Date (Stamp Date)</th> <th>Submission</th> </tr> </thead> <tbody> <tr> <td>October 22, 2010</td> <td>Initial application submitted to the City Clerk's Office</td> </tr> <tr> <td>October 22, 2010</td> <td>Plans submitted with application (Site Plans 1 and 2, Tuscan II Décor Back-Up Sheets 1-4)</td> </tr> <tr> <td>November 29, 2010</td> <td>Façade and signage designs submitted to OSPCD</td> </tr> </tbody> </table> <p>Any changes to the approved site plans, elevations, or use that are not <i>de minimis</i> must receive SPGA approval.</p>	Date (Stamp Date)	Submission	October 22, 2010	Initial application submitted to the City Clerk's Office	October 22, 2010	Plans submitted with application (Site Plans 1 and 2, Tuscan II Décor Back-Up Sheets 1-4)	November 29, 2010	Façade and signage designs submitted to OSPCD	BP/CO	Png.	
Date (Stamp Date)	Submission											
October 22, 2010	Initial application submitted to the City Clerk's Office											
October 22, 2010	Plans submitted with application (Site Plans 1 and 2, Tuscan II Décor Back-Up Sheets 1-4)											
November 29, 2010	Façade and signage designs submitted to OSPCD											
2	The Applicant shall meet the Fire Prevention Bureau's requirements.	CO	FP									
3	The sign shall be made of wood. Final design size, colors and signage shall be approved by Planning Staff. The applicant shall provide the thickness of the proposed sign, and indicate if the existing spot light is to remain or be upgraded.	BP	Png. AD									
4	All exterior lighting must be confined to the subject property or adjacent rights of way, cast light downward and must not intrude, interfere or spill onto neighboring properties.	CO	Png.									
5	The Applicant shall contact Planning Staff at least five working days in advance of a request for a final inspection by Inspectional Services to ensure the proposal was constructed in accordance with the plans and information submitted and the conditions attached to this approval.	Final sign off	Png.									
6	The Applicant shall limit the hours of operation from 9:00 AM to 10:00 PM Sunday through Thursday and from 10:00 AM to 12:00 AM (Midnight) on Friday and Saturday.	CO	Png.									
7	The Applicant shall implement appropriate filtration system measures to ensure the space is properly ventilated to alleviate the aroma that is produced by the operations on the premises.	BP	ISD									
8	The Applicant shall have a preference towards residents of Somerville for positions of employment.	CO	Png.									
9	This Special Permit is for "SUBWAY" use only. Transfer to another fast order food establishment requires Special Permit revision.	Cont.	ISD									
10	Applicant will abide by the 11 commitments in the letter dated December 21, 2010.	Cont.	Png.									





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/9/2010PRODUCER (800) 487-2443 FAX: (800) 894-1758  
L H Brenner Inc (Subway)  
1412 Whalley Avenue

New Haven CT 06515-1131

INSURED  
CHOBERT, INC.  
DBA SUBWAY  
1651 TRAPELO RD.  
WALTHAM MA 02451

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ZURICH INSURANCE CO.	19305
INSURER B: ZURICH INSURANCE CO.	19372
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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	PAS043448100	8/9/2010	6/30/2011	EACH OCCURRENCE \$ 2,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE \$ 4,000,000
					PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PAS043448100	8/9/2010	6/30/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	WC043476465	8/9/2010	6/30/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>OTHER</b> 860 BROADWAY ST. SOMERVILLE, MA. STORE #49185	PAS043448100	8/9/2010	6/30/2011	PERSONAL PROPERTY: \$90,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
ADDITIONAL INSURED: DAI, SREC & ANY OTHER LEASING CORPORATION IF APPLICABLE ADDITIONAL INSURED: SUBWAY DEVELOPMENT OF BOSTON ADDITIONAL INSURED CHARLES KOSTOPOULOS ADDITIONAL INSURED: CITY OF SOMERVILLE, SOMERVILLE CITY HALL LOSS PAYEE/ADDITIONAL INSURED: SAVERS BANK ADDITIONAL INSURED: CHOBERT, LLC.

## CERTIFICATE HOLDER

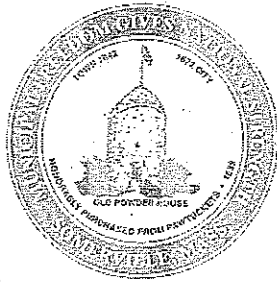
CHARLES KOSTOPOULOS  
51 FAIRFIELD ST.  
CAMBRIDGE, MA 02410

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Richard Epstein/JESS



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department
JOSEPH A. CURTATONE
MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

- 1. Name of person requesting certificate: Christopher Cho - Choart LLC
PLEASE PRINT
2. Business Location: 860 Broadway
AND/OR
3. Taxpayer's Home Address:
Phone: Day Evening
4. Business Owner's Home Address: 1651 Trapelo Rd., Wellesley, MA 02451
Business Owner's Phone: Day 617-821-6052 Evening: 781-609-2368
5. Business I.D. Number: 27-3158907

I, Christopher Cho, 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 and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

(Business/Real Estate Owner's Signature)

PRINT Business/Real Estate Owners Name

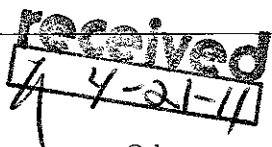
Date of Issuance: Includes Postings Through

Tax and Account Number(s) Included in Certificate:

RE 11359161 Water/Sewer 32705/00 Personal Property Other

CLERK'S INITIALS: Q

PLEASE CHECK ONE: Business Permit OR Building Permit



**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.

Chobert LLC

\*Signature of Individual or Corporate Name (Mandatory)

ASAC - Christopher Cho - Member

By: Corporate Officer (Mandatory, if a corporation)

27-3158902

\*\*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.

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: Chobart LLC  
Address: 1651 Trapelo Rd.  
City: Waltham State: MA Zip: 02451 Phone #: 617-821-6052

- I am an employer with 10 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: Zurich Insurance / LH Brenner Inc  
Address: 1412 Whalley Ave  
City: New Haven State: CT Zip: 06515 Phone #: 800-487-2447  
Policy #: WC 047476465 Expiration Date: 6/30/11

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: 4/27/11  
Print Name: Christopher Cho

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 \_\_\_\_\_

(revised Jan. 2008)