

SIGN PERMIT APPLICATION

Project Name: Scarsdale Health + Wellness
 Project Street Address: 778 White Plains Road, Scarsdale, NY 10583
 Section: _____ Block: _____ Lot(s): _____ Zone: _____

(Section, Block and Lot and Zoning District information MUST be completed by the applicant)

Owner: 774 Post Road LLC
 Address: 774 Post Road, Scarsdale
 Phone #: (914) 490-8172 Email: NICKNANCAME.AOL.COM

Lessee: MR. Santo Terranova
 Address: 778 White Plains Road, Scarsdale, NY 10583
 Phone #: 914-227-0173 Email: spterrano7@gmail.com

Sign Company: Westchester Sign Contact Name Steward
 Address: 361 Saw Mill River Road, Yonkers, NY 10701
 Phone #: 914-760-8248 Email: westsignz@aol.com

* Is lighting being proposed? Yes ☒ No ☐ If "YES", is lighting New ☐ or Existing ☒

* If lighting is "Existing", is the existing lighting/electrical being altered? Yes ☐ No ☒

* **Please Note** * If proposed lighting is "New" or being "Altered", a separate **Electrical Permit** is required.

APPLICATION CHECKLIST

Submission Items	Check Box
Completed Sign Application and Application Checklist	
Design/construction details of each proposed sign/awning at a legible and measurable scale showing: <input checked="" type="checkbox"/> Proposed lettering, colors and graphics <input checked="" type="checkbox"/> All proposed dimensions (sign height, length and thickness; letter heights and widths; etc.) <input checked="" type="checkbox"/> Construction details (including, but not necessarily limited to, how the sign will be attached to a building facade or anchored to the ground)	
Building elevations and/or photo simulations showing the location of all proposed signs/awnings and proposed lighting (and, where applicable, all existing signs proposed to remain), including: <input checked="" type="checkbox"/> The dimension of the storefront on which the sign will be located. (Measured from the outside edge of the exterior building walls or from the center line of shared walls. Note that proposed wall signs may not exceed 75% of the length of the storefront) <input checked="" type="checkbox"/> The dimension of the sign above the sidewalk or ground plane. <input type="checkbox"/> The type and location of proposed lighting fixtures.	
For free standing signs, a site plan showing: <input type="checkbox"/> The proposed location of the free-standing sign. (Note that free-standing signs must be located within the property lines and may not be located within or overhanging a public right-of-way). <input type="checkbox"/> Proposed landscaping, if applicable. <input type="checkbox"/> The type and location of proposed lighting, if applicable.	
Physical samples of proposed colors and materials. (If possible, provide fabric and color sample swatches with each application; Bring samples to the Sign Review meeting).	
Catalogue cut sheets of proposed lighting fixtures	
Color photographs of the existing building/premises, showing existing conditions, and adjacent properties a minimum of 100 feet to the left and right and on the opposite side of the road. (Black and white or unclear photographs will not be accepted.)	
If the proposed signs/awnings do not conform to all requirements of the Sign Law, the applicant MUST provide drawings which show fully conforming signs for comparison by the ARB, including: (1) dimensioned drawings of the conforming signs; and (2) building elevations or photo simulations showing the conforming signs.	

May 26, 2022

AFFIDAVIT OF OWNERSHIP

State of New York)
County of Westchester) SS:

I, NICHOLAS CAMILLONE Trustee, being duly sworn, deposes and says:
(clearly print first and last name of property owner)

(check appropriate box)

- ☒ I am the owner of the property for which this application is being submitted. Trustee
☐ I am an officer of the corporation that owns the property for which this application is being submitted.

Further (check applicable box):

- ☐ I am submitting this application on my own behalf.
☒ I am authorizing the following individual to submit this application on my behalf:

MR. Santo Terranova
(clearly print name of individual authorized to submit this application)

Further:

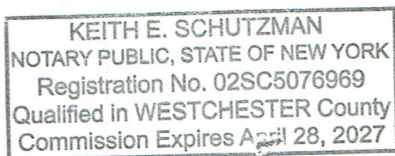
To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

[Signature]
(Signature of Owner)

NICHOLAS CAMILLONE Trustee
(Print Name of Owner)

Sworn to before me this 25 day of May, 2022

[Signature]
(Signature of Notary Public)



May 26, 2022



12" Scarsdale HEALTH & WELLNESS 8" LETTER

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ACUPUNCTURE

PARKING IN REAR

723-5105

Scarsdale Integrative
Neurology

Dr. Santo Terranova D.O.
Board Certified Neurologist

914-574-6161

WALK INS Welcome

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ACUPUNCTURE
CENTER

Master
Card
VISA

Sta
PROVIDING INSURAN
To

(914)