APPLICATION FOR SIGN / AWNING REVIEW

Name of Project: Byram Pizza Company
Address of Project: 226 Mill Street
Tax ID: 04-1902/S

Building Zone: LBR-2
Proposed Use of Floor Space: Pizza Restaurant
Previous Occupant: Fuzari's Pizza
Previous Use: Pizza Restaurant

Other tenants/uses in the building: ________
Changes to the floor area (GSF): Existing: ________ Proposed: ________
Site plan been submitted to Planning and Zoning for this site/project? ☐ NO ☐ YES:
Has this project been reviewed by ARC prior to this submission? ☐ NO ☐ YES:

<table>
<thead>
<tr>
<th>Building Frontage</th>
<th>Number of Proposed Signs</th>
<th>Size of sign(s)</th>
<th>Size of awning(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>20'</td>
<td>1</td>
<td>20&quot; X 20&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Is sign illuminated? ☐ NO ☐ YES: (method of illumination)
Is the sign free standing? ☐ NO ☐ YES: (dimensions of post)

Total Area of all signs: 28.47 sq ft

Zoning Enforcement preliminary review (initials): Nancy

Will there be any site work? ☐ NO ☐ YES: (describe)
Will there be any changes to exterior of the building? ☐ NO ☐ YES: (describe)

Name of Property Owner: SOKO Club
Signature of Property Owner: [Signature]

Name of Applicant: Ashlea Andrews
Email: This email address will be used to contact you. NAndrews143@comcast.net
Daytime Phone: 203. 837. 7314
Applicant Signature: [Signature]

Sign/Awning Company: Sign A Rama Danbury
Sign/Awning Company’s Phone Number: 203. 792. 4091
Email address of the sign Company: Bob@signarama-ct.com

Check #: Check Amount: PLPZ
ZONING PERMIT APPLICATION
Town of Greenwich, Land Use - Zoning Enforcement Division
101 Field Point Road, Greenwich, CT, 06830
Phone: (203) 622 -7753 Fax: (203) 622-7848  www.greenwichct.org

DATE: __/__/____
FEE: __________

STEP ONE - Property and Contact Information
Parcel ID #: 04-1902/5
Address: 226 Mill Street
Lot Size: Property Zone:
Flood Zone:
No. of family units now?
No. of family units to be?
Owner name: Sokol Club
Owner Phone: 203 531 9860
Applicant name: Ashley Andrews
Applicant Phone: 203 831 7841
Email: AndrewsA@comcast.net
Contractor name: Sign-A-Rama
Contractor Phone: 203 792 4091
Tenant name: Byram Pizza Company
Place an asterisk next to the primary contact

STEP TWO - Project Description (be specific)
Install (1) 205" x 20" aluminum tube frame sign with 3/8" cut acrylic

STEP THREE - Check off what you are applying for
☐ Residential Projects
☐ Residential Projects
☐ Value of Work up to $250,000.
☐ Value of Work is over $250,000.
Value = $
☐ Commercial/Multifamily
☐ Commercial/Multifamily
☐ Value of Work up to $250,000.
☐ Value of Work is over $250,000.
Value = $
☐ Signs or Awnings
☐ Outdoor Dining
☐ Special event / tent
☐ Other, define

STEP FOUR - Zoning Information
If your answer is Yes to any question, please provide information in the last column
☐ Y ☐ N Zoning Board of Appeals Variance granted?
☐ Y ☐ N Vacant Lot?
☐ Y ☐ N Camp Zone?
☐ Y ☐ N Property Subdivided?
☐ Y ☐ N Site Plan application

OFFICE USE ONLY
☐ With 10% of maximum FAR
☐ ARC Approved
Comments / Project Name:
C.V. Permit #
Receipt #:
Payment Info:
☐ Approved
☐ Denied
Reviewed by: 2EO signature:
Date:

Zoning F.A.R. Calculation
Square Foot of Building Area
<table>
<thead>
<tr>
<th>Existing Space</th>
<th>New Space</th>
<th>Total of Existing &amp; New</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
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<tr>
<td>First Floor</td>
<td></td>
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<tr>
<td>Second Floor</td>
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<td>Third Floor</td>
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<td>Cast Net</td>
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<td>Attic</td>
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<td>Garage, sheds</td>
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<tr>
<td>Other</td>
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</table>

Actual Total Building Area =
Permitted F.A.R. (FAR) =
Total Area of Property (TAP) =
Maximum permitted FAR x TAP =
Calculations prepared by:
Name (Print):
Phone:__________________________
Signature:______________________

(Invalid without signature)

REQUIREMENT Date completed
☐ P & Z Conditions Apply
☐ CAM approved by P & Z
☐ Sec. 6-12 (foundation only)

PRIOR TO CO
☐ As-built FAR plans
☐ As-built Grade Plane
☐ w/
☐ P & Z conditions apply
☐ Sec. 6-12 (location)
☐ w/
☐ Flood Elevation Certificate
☐ Zoning Inspections
☐
☐ Other
☐ Amendment(s)
☐
☐ Temp. C.O. SIGN-OFF:
☐
☐ FINAL C.O. SIGN-OFF:

All applications must be filed in person. We do not accept any applications by mail

Please note that pursuant to the provisions of C.G.S. § 8-36h, you may provide notice of the issuance of either a building permit, zoning permit, or certificate of occupancy for this project by publication in the Greenwich Time stating that such certification or permit has been issued and the date of its issuance. Any such notice shall contain (A) a description of the building, use, or structure, (B) the location of the building, use, or structure, (C) the identity of the applicant, and (D) a statement that the aggrieved person may appeal to the Zoning Board of Appeals within 10 days of issuance in accordance with the provisions of C.G.S. § 8-7.
**COMMERCIAL**

**VALUATION RECORD**

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**LAND DATA AND CALCULATIONS**

<table>
<thead>
<tr>
<th>Land Type</th>
<th>Actual Frontage</th>
<th>Effective Frontage</th>
<th>Base Rate</th>
<th>Adjusted Rate</th>
<th>Extended Value</th>
<th>Influence Factor</th>
<th>Value</th>
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<tr>
<td>1 Primary Commercial</td>
<td>5000.68</td>
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**DBA:** 1st Fl. Albert's Barber Shop, Fuzari's Pizza
2nd Fl. Sokol Club, Gym

**Supplemental Cards**

**TRUE TAX VALUE**

312500
April 30, 2021

To Whom it May Concern,

Please let this letter serve as confirmation that I approve of the proposed signage for Byram Pizza Company. I also authorize Ashlea Andrews of Simply Permits to act as my agent and apply for all necessary permits pertaining to the signage on my behalf.

Thank you,

Judy Piro
Business Manager
# Certificate of Liability Insurance

**Certificate Number:** CL2142607143  
**Date:** 04/26/2021

**Producer:** Mitchell Insurance Inc  
617 South Britain Road  
P.O. BOX 264  
SOUTHBURY CT 06488

**Insured:** SIGN-A-RAMA  
35 EAGLE RD  
DANBURY CT 06810-4127

**Insurer(s) Affording Coverage:**  
1. Main Street America Assurance  
   29939  
   14788

**COVERAGES**

<table>
<thead>
<tr>
<th>Item LTR</th>
<th>Type of Insurance</th>
<th>AMEND. WHERE</th>
<th>POLICY NUMBER</th>
<th>POLICY DATE</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>A</td>
<td>Commercial General Liability</td>
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<td>MFB61385</td>
<td>05/01/2021</td>
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| B        | Automobile Liability | X | B1861385 | 07/13/2020 | 07/13/2022 |
|          |                   |              |             |            | $1,000,000 | COMBINED SINGLE LIMIT (EXCLUDED) |
|          |                   |              |             |            | $               | BODILY INJURY (Per person) |
|          |                   |              |             |            | $               | BODILY INJURY (Per accident) |
|          |                   |              |             |            | $               | PROPERTY DAMAGE (Per accident) |
|          |                   |              |             |            | $1,000,000 | UNINSURED MOTORIST |
|          |                   |              |             |            | $               | EACH OCCURRENCE |
|          |                   |              |             |            | $               | AGGREGATE |

| B        | Workers Compensation and Employers' Liability | X | W/T4628W | 06/01/2021 | 06/01/2022 |
|          |                                            |              |             |            | $1,000,000 | E.L. EACH ACCIDENT |
|          |                                            |              |             |            | $1,000,000 | E.L. DISEASE - E. EMPLOYEE |
|          |                                            |              |             |            | $1,000,000 | E.L. DISEASE - POLICY LIMIT |

**Description of Operations / Locations / Vehicles: (ACORD 131, Additional Remarks Schedule, may be attached if more space is required)**

**Certificate Holder:**  
Town of Greenwich  
101 Field Point Rd  
Greenwich CT 06830

**Cancellation:**  
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:**  
Tracy Healy

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