CITY OF SARATOGA SPRINGS

DESIGN REVIEW COMMISSION

City Hall - 474 Broadway
Saratoga Springs, New York 12866
Tel: 518-587-3550 x.515 fax: 518-580-9480
www.saratoga-springs.org

[FOR OFFICE USE]
RECEIVED
(Application #)
AUG 25 2016
By
(Date received)

ARCHITECTURAL / HISTORIC REVIEW APPLICATION

	APPLICANT(S)*	OWNER(S) *(If not applicant)*	ATTORNEY/AGENT
Name	Santon Sign Corp	National Retail Properties Tr.	Santon Sign Corp
Address	1320 Route 9	450 S. Orange Ave. Ste. 900	1320 Route 9
	Castleton NY 12033	Orlando, FL 32801	Castleton NY 12033
Phone	[redacted]		
Email			

Identify primary contact person: Applicant ☐ Owner ☒ Attorney/Agent

* An applicant must be the property owner, lessee, or one with an option to lease or purchase the property in question.

Applicant's interest in premises: ☐ Owner ☐ Lessee ☐ Under option to lease or purchase

PROPERTY INFORMATION

Property Address/Location: 90 West Avenue Tax Parcel #: ____ . ____ - ____ - ____
(for example: 165.52 – 4 – 37)

Current Zoning District: T-5 Property use: ☐ Residential ☒ Non-residential/mixed-use

Type of Review: ☒ Architectural ☐ Historic ☐ Extension/modification (of current approval)

Summary description of proposed action: Install (1) 18 ft illuminated box sign on West elevation

Has a previous application been filed with the DRC for this property? ☒ No ☐ Yes – date(s)? ____

- App. No.(s)? ____

Revised 06/03/16

Request for extension of current approval

☐ Identify date of original DRC approval: _____ Current expiration date: _____ Org. App. No. _____

☐ Describe why this extension is necessary and whether any significant changes have occurred either on the site or in the neighborhood.

SEQR Environmental Assessment Form

☐ Applicants proposing the following must complete "Part I" of the SEQR Short Environmental Assessment Form (available here: http://www.dec.ny.gov/docs/permits_ej_operations_pdf/seafparone.pdf):

- Construction or expansion of a multi-family residential structure (4 units +)
- Construction or expansion (exceeding 4,000 sq. ft. gross floor area) of a principal or accessory non-residential structure
- Telecommunications facility, radio antennae, satellite dishes
- Demolition

Disclosure

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application?

☒ No ☐ Yes - If yes, a statement disclosing the name, residence, nature, and extent of this interest must be filed with this application.

Certification

I/we, the property owner(s), or purchaser(s)/lessee(s) under contract, of the land in question, hereby request an appearance before the Design Review Commission.

By the signature(s) attached hereto, I/we certify that the information provided within this application and accompanying documentation is, to the best of my/our knowledge, true and accurate. I/we further understand that intentionally providing false or misleading information is grounds for immediate denial of this application.

I/we hereby authorize the members of the Design Review Commission and designated City staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application.

Furthermore, I/we agree to meet all requirements under Article VII for Historic Review or Article VIII for Architectural Review of the Zoning Code of the City of Saratoga Springs.

Jack Cordner (Saxton Sign Corp.) Date: 8-18-16
(applicant signature)

_____ Date: _____
(applicant signature)

If applicant is not the currently the owner of the property, the current owner must also sign.

National Retail Properties, Inc.

Owner Signature: By: David J. Reif Date: 8-22-16
David J. Reif, its Senior Vice President, Leasing + Construction

Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY

This application has been reviewed by the Zoning Enforcement Officer and is being forwarded to the Commission.

Signature: _____ Date: _____

Additional Comments: _____

_____

_____

_____

_____

_____

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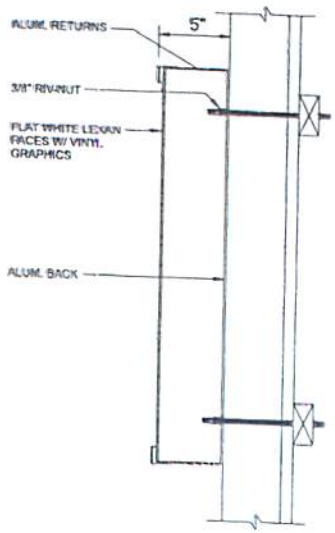
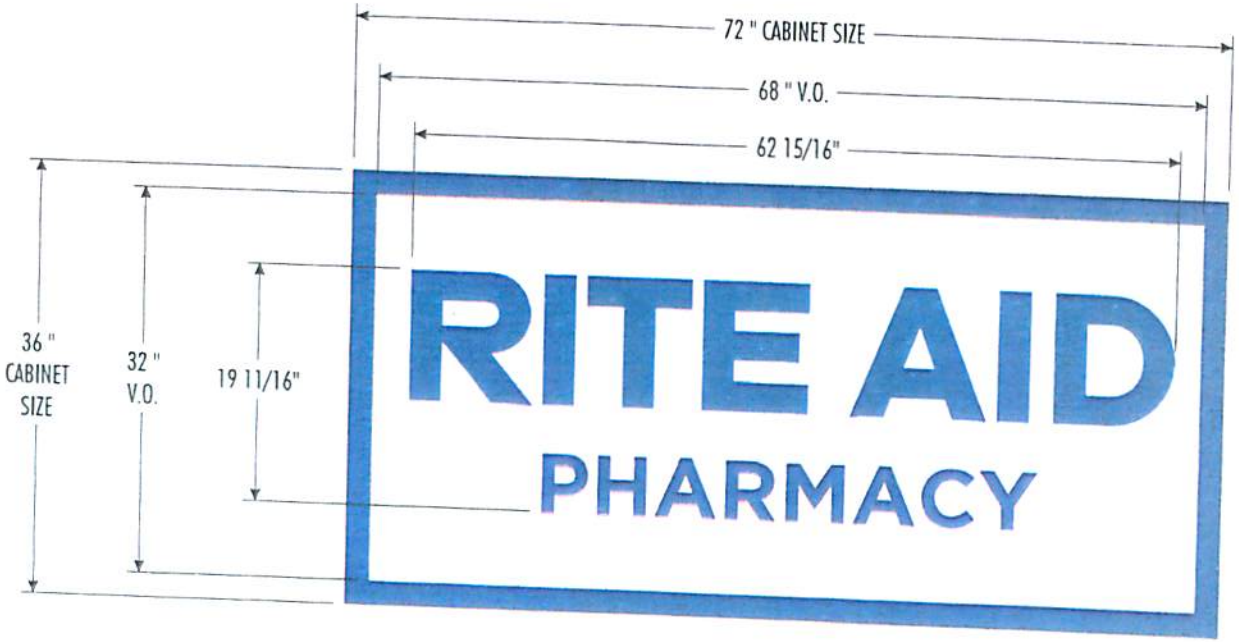
_____





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SignResource
IDENTITY GROUP
6135 District Blvd • Maywood, CA 90270
800.423.4283 • Fax 323.560.7143
Website: www.signresource.com

RA #581 SARATOGA SPRINGS, NY TEMP LOCATION_REVISION A_03/17/16

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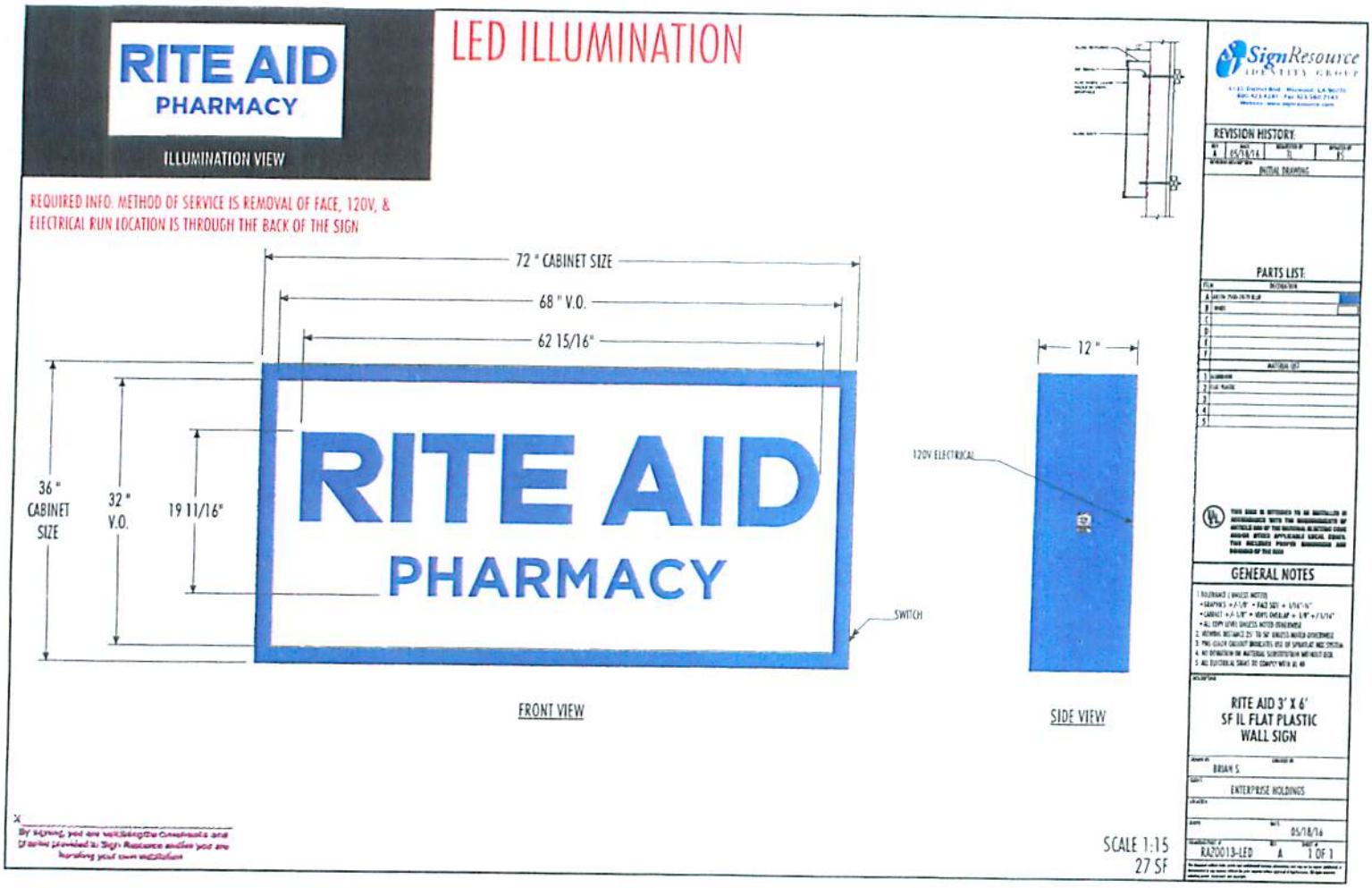
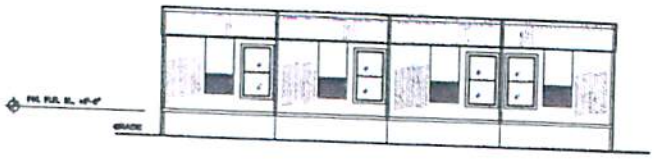
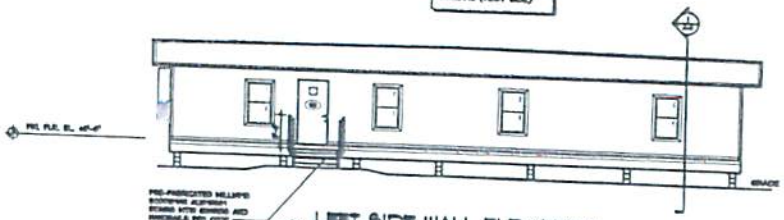

RITE AID
PHARMACY
ILLUMINATION VIEW
LED ILLUMINATION
REQUIRED INFO: METHOD OF SERVICE IS REMOVAL OF FACE, 120V, &
ELECTRICAL RUN LOCATION IS THROUGH THE BACK OF THE SIGN
72 " CABINET SIZE
68 " V.O.
62 15/16"
36 " CABINET SIZE
32 " V.O.
19 11/16"
RITE AID
PHARMACY
SWITCH
FRONT VIEW
12 "
120V ELECTRICAL
SIDE VIEW
SCALE 1:15
27 SF
SignResource
IDENTITY GROUP
REVISION HISTORY:
05/18/16
INITIAL DRAWING
PARTS LIST:
GENERAL NOTES
RITE AID 3' X 6'
SF IL FLAT PLASTIC
WALL SIGN
BRIAN S.
ENTERPRISE HOLDINGS
05/18/16
RA20013-LED
A
1 OF 1

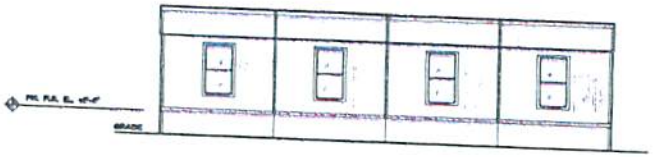
RIGHT SIDE WALL ELEVATION



HITCH END ELEVATION



LEFT SIDE WALL ELEVATION



REAR END ELEVATION

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