

RECEIVED  
TOWN CLERK  
BELMONT, MA

2019 SEP -9 PM 5:48

NOTICE OF PUBLIC HEARING BY THE  
PLANNING BOARD

ON AN APPLICATION FOR A SIGN WAIVER

Notice is hereby given that the Belmont Planning Board will hold a public hearing on **TUESDAY, SEPTEMBER 17, 2019, at 7:00 PM** in the **Board of Selectmen's Meeting Room, Town Hall, 455 Concord Ave.**, to consider the application of **Berkshire Hathaway Home Services** for A WAIVER under Section 5.2.2 of the Zoning By-Laws to **INSTALL TWO NONCONFORMING WALL SIGNS** at **486 Common Street** located in the Local Business I Zoning District.

Planning Board

### **Planning Board 2019 Meeting Schedule (As of June 4, 2019)**

1st and 3rd Tuesday of Each Month - Meetings Held in the Selectmen's Meeting Room

Month	Date	Notes	Topics
September	3		
September	17		
October	1		
October	15		
November	5		
November	19		
December	3		
December	17		



RECEIVED  
TOWN CLERK  
BELMONT, MA

OFFICE OF COMMUNITY DEVELOPMENT  
Town of Belmont  
Homer Municipal Building  
19 Moore Street  
Belmont, Massachusetts 02478-0900  
Telephone: (617) 993-2666 Fax: (617) 993-2651

COMMUNITY  
DEVELOPMENT

Office Use - Timestamp

PB -

**APPLICATION FOR A WAIVER TO ERECT A SIGN**

Date Submitted \_\_\_\_\_

The undersigned hereby applies for a waiver from the Planning Board to erect a sign that does not meet the dimensional or operational requirements of the Sign By-Law as follows:

Sign Type(s) Requiring a Waiver: Existing Sign Cabinets - Face Replacements.

Section of the By-Law: \_\_\_\_\_

Location of Sign (Street address): 486 Common St. Belmont, MA

Name of Business: Berkshire Hathaway Home Services  
Flora M. Winter

Owner of Business: Truist Address: 80 Trapelo Rd. Belmont Phone: 617-359-7495

Owner of Sign: Berkshire Hathaway Address: 486 Common St. Belmont Phone: 508-810-0775

Sign Erector: Sign Design Inc. Address: 170 Liberty St. Brockton Phone: 508-580-0094

Size of Sign\* Length: 69" Height (to top of sign): 27" Square Feet: 12.93" Thickness: \_\_\_\_\_  
\*Refer to Zoning By-Laws for dimensional limitations. Attach additional paper if necessary.

Material(s): Frame: Aluminum Face: white Polycarbonate Supports: Sign Cabinet - Flush with wall

Will it be illuminated? Yes If so, how? LED lighting What Hours? \_\_\_\_\_

Are there any other signs for the business? Yes If so, how many? \_\_\_\_\_ Size \_\_\_\_\_

Type and Location Illuminated Sign Cabinet - Front to side of Bld.

I hereby certify that dimensions and other information on this application and plans or sketch submitted herewith are correct and that all applicable provisions of Statutes, Regulations and By-Laws will be complied with.

Signature [Signature] - Sign Design Inc.

**(Office Use Only)**

**Planning Board Decision**

Conditions:

Granted W/D Denied

Date:

Approval Signature on behalf of the Planning Board:

November 20, 2017

## General Information

### Establishment Information

Name of Establishment: Berkshire Hathaway Home Services

Address of Establishment: 456 COLEMAN ST. Belmont, MA 02478

### Contact Information

Owner of Establishment: George Patino

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

Owner Phone Number: 508-810-0775

### Property Information

Owner of Property: Flora M. Winters Trust - Paul Winters Trustee

Owner Phone Number: 617-359-7495

Owner of Property Consent Signature: \_\_\_\_\_

Please see CA attached.

## Sign Erector Information

Sign Erector Name Sign Design Inc.

Sign Erector Telephone Number 508-580-0094

## IMPORTANT NOTE: Nonconforming Signs

Signs made nonconforming as a result of new requirements of the Belmont Zoning By-Law that are subsequently enlarged, redesigned, replaced, or altered in any way including repainting in a different color, shall comply immediately with all provisions of this By-Law and provided further that any such sign which has deteriorated to such an extent that the cost of restoration would exceed 35% of the replacement value of the sign at the time of replacement shall not be repaired or rebuilt or altered except to conform to the requirements of this By-Law.

Please see last page for Footnote information

[illegible]

122405

Version 02  
06-06-19

**Berkshire Hathaway**  
426 Commerce St  
Belmont MA 02458

BHHS Company 2  
(Belmont)

**SIGNDESIGN**

120 Liberty Street  
Brookline MA 02101  
606-506-6094

Skull Forge Co.

Catrina Productions

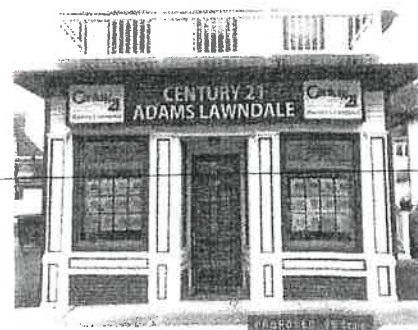
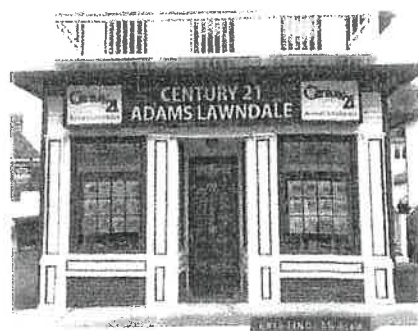
C.P.

SCALE

SHEET  
06 of 06

Window Graphics | Rendering | 100%

1



1

2

06/12/2019

Belmont  
Office of Community Development  
19 Moore Street, 2<sup>nd</sup> Floor  
Belmont, MA 02478

To Whom It May Concern:

I authorize Sign Design, Inc. to act as our agent for the enclosed sign permit application.

**Business Name:** Berkshire Hathaway Homeservices

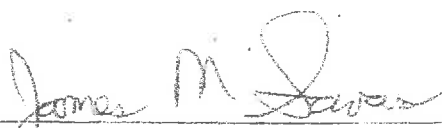
**Property Location:** 486 Common St. Belmont, MA 02478

**Building Owner:** FLORA M. WINTER TRUST Paul Winter's Trustee

**Building Owner Address:** 80 TRAFALGAR BELMONT MA 02478

**Phone:** 617-359-7495

Sincerely,

	President	6-12-2019
Signature	Title	Date
James M. SAVAS		

Print Name

Address if different from above



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*1 Congress Street, Suite 100*  
*Boston, MA 02114-2017*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): Sign Design, Inc.

Address: 170 Liberty Street

City/State/Zip: Brockton, MA 02301

Phone #: 508-580-0094

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| <p>1. <input checked="" type="checkbox"/> I am a employer with <u>65</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☒ Other Signs

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: Roger Keith & Sons Insurance Company

Policy # or Self-ins. Lic. #: XWO55412708

Expiration Date: 12/1/2019

Job Site Address: 486 Common St.

City/State/Zip: Belmont, MA

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).** Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 06/17/19

Phone #: 508-580-009

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/22/2019

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 have **ADDITIONAL INSURED** provisions or 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> Roger Keith & Sons Insurance Agency Inc. 1575 Main Street Brockton MA 02301		<b>CONTACT NAME:</b> Elise Fiano <b>PHONE (A/C, No, Ext):</b> (508) 583-1106 <b>E-MAIL ADDRESS:</b> efiano@rogerkeith.com <b>FAX (A/C, No):</b> (508) 583-8478													
<b>INSURED</b> Sign Design Inc. 170 Liberty Street Brockton MA 02301		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> Selective Insurance Company of South Carolina</td><td><b>NAIC #</b> 19259</td></tr><tr><td><b>INSURER B:</b> Selective Insurance Company of America</td><td>12572</td></tr><tr><td><b>INSURER C:</b> Selective Insurance Company of the Southeast</td><td>39926</td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> Selective Insurance Company of South Carolina	<b>NAIC #</b> 19259	<b>INSURER B:</b> Selective Insurance Company of America	12572	<b>INSURER C:</b> Selective Insurance Company of the Southeast	39926	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:** 2019-2020**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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 OTHER:			S 2379251	01/21/2019	01/21/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 15,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			A 9107007	01/21/2019	01/21/2020	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2379251	01/21/2019	01/21/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 9080309	01/21/2019	01/21/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

POLICY LIMITS IN EFFECT AT POLICY INCEPTION.

**CERTIFICATE HOLDER****CANCELLATION**SIGN DESIGN INC SAMPLE CERTIFICATE  
170 LIBERTY STREET

BROCKTON

MA 02301

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



Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Building Regulations and Standards  
Construction Supervisor

CS-068112

Expires: 08/21/2020

RALPH R FERRIGNO, JR.  
170 LIBERTY STREET  
BROCKTON MA 02301



Commissioner

**Construction Supervisor**

**Unrestricted - Buildings of any use group which contain less than 35,000 cubic feet (991 cubic meters) of enclosed space.**

Failure to possess a current edition of the Massachusetts State Building Code is cause for revocation of this license.  
For information about this license  
Call (617) 727-3200 or visit [www.mass.gov/dpl](http://www.mass.gov/dpl)

# Sign Face Replacement

Location:

Size:

Material:

Graphic:

Installation:



122405

Version 02

06-06-19

Berkshire Hathaway

486 Common St

Boston, MA 02178

BHHS Greater C

Boston

**BERKSHIRE HATHAWAY**  
HomeServices

Commonwealth Real Estate  
Adams Lawndale

**IS**  
**SIGNDESIGN**

1201 Court Street

Boston, MA 02301

608-930-6094

Scott Farnham

Caroline Pedroni

02

SCALE 1/2"

SHEET  
03 of 06

# Sign Face Replacement

Quantity  
Size

Material  
Graphic  
License  
Installation



BERKSHIRE HATHAWAY  
HomeServices  
Commonwealth Real Estate  
Adams Lawndale

122405

Artwork  
05-06-19

Berkshire Hathaway  
486 Commonwealth  
Burlington, MA 02473

BHHS Stacey &  
Robinson

**IS**  
**SIGNDESIGN**

140 Liberty Street  
Burlington, MA 02401  
508 580-0054

Scott Farnham

Carla J. Palmer

1:1

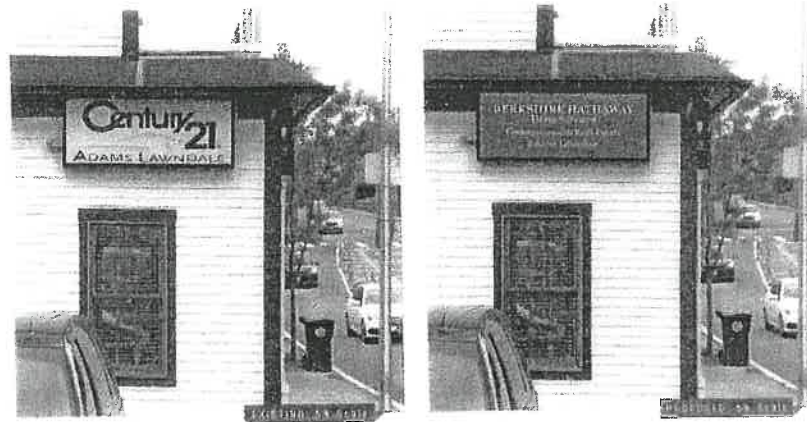
SCALE: 50%

SHEET  
02 of 06

Sign Face Replacement

Quantity:  
Size:

Material:  
Graphics:  
Lamination:  
Installation:



**BERKSHIRE HATHAWAY**  
HomeServices  
Commonwealth Real Estate  
Adams Lawndale

122405

Veteran 02  
06-06-19

Berkshire Hathaway  
456 Common St  
Braintree, MA 02178

BHHS Gerry &  
Richard

**KS**  
**SIGNDESIGN**

120 Liberty Street  
Brockton, MA 02301  
508-589-0094

Scott L. Hennessey  
Carolina P. Hennessey

LP

SCALE 25'

SHEET  
01 of 06



# Sign Face Replacement

Quantity: 1 Single-Sided  
 Size: 71"W x 29.25"H  
 Visual Opening: 69"W x 27"H  
 Box Size: 72"W x 30"H  
 Material: White Polycarbonate Sign Face  
 Graphics: DP Backfill on Translucent White Vinyl  
 Lamination: 3M Luster Lamination  
 Installation: Remove Existing Sign Panel & Install New



EXISTING: 5A 00314



PROPOSED: 5A 00314



1 Elevation Fabrication  
 Scale: 1:4

123150

Version 01  
 07-02-19

Berkshire Hathaway  
 486 Common St  
 Belmont, MA 02478

BHHS Rebrand



170 Liberty Street  
 Brockton, MA 02301  
 508-580-0094

DESIGNED BY: SCOTT FERRIGNO  
 PRODUCED BY: CAROLINA PEDROSA  
 100% DIGITAL PRINTING

MF-DL

SCALE 25%

SHEET  
 01 of 04

# Sign Face Replacement

Quantity: 1 Single-Sided  
 Size: 71"W x 29.25"H  
 Visual Opening: 66"W x 27"H  
 Box Size: 72"W x 33"H  
 Material: White Polycarbonate Sign Face  
 Graphics: DP Becket on Translucent White Vinyl  
 Lamination: 2M Luster Lamination  
 Installation: Remove Existing Sign Panel & Install New



1 Fabrication  
 Scale: 1:4

123150

Version 01  
 07-02-19

Berkshire Hathaway  
 486 Common St  
 Belmont, MA 02478

BHHS Rebrand



170 Liberty Street  
 Brockton, MA 02301  
 508-680-0094

SALE & REPRESENTATION  
 Scott Ferrigno  
 DESIGN & MANUFACTURE  
 Carolina Pedrosa

ALUMINUM SIGNMOUNTING

FINISHES  
 MF/DL

SCALE 25%

SHEET  
 02 of 04

## **Project Statement**

Description of Signs being proposed:

2 Single-Sided  
71"W x 29.25"H  
Visual Opening: 69"W x 27"H  
Box Size: 72"W x 30"H  
White Polycarbonate Sign Face  
DP Backlit on Translucent White Vinyl  
3M Luster Lamination  
Remove Existing Sign Panel & Install New

Signs will be lit with LED Lights from Dusk until Dawn.

Sign Design representing Berkshire Hathaway Homeservices is proposing to replace the existing faces of Century 21 Sign Cabinet boxes on the side of the Building. Signs are staying the same size, only faces are changing.