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BY: 



ARCHITECTURAL REVIEW BOARD VILLAGE OF WASHINGTONVILLE

9 FAIRLAWN DRIVE, WASHINGTONVILLE, NY 10992
OFFICE: 845-496-3221 | FAX: 845-496-1990

APPLICATION

All applications, drawings and documents must be submitted to Village Hall along with an electronic
PDF Email: MSchiffmacher@washingtonville-ny.gov

Applicants must include all sign details and specifics on drawings.

****APPLICANTS PLEASE DO NOT ORDER SIGNS UNTIL APPROVED****

PROPERTY INFORMATION:

Business Name: The Five Foot BAKER LLC
Address: 32 W Main St, Unit 4, Washingtonville, NY 10992
Section: 112 Block: 4 Lot(s): 18
Zoning District: _____ Dimensions (Or Acreage) of Parcel: _____

ARE YOU REQUESTING A SIGN APPLICATION FOR A DOWNTOWN STRUCTURE WITH MULTIPLES BUSINESSES: Yes: _____ No: X

****If YES please follow DOWNTOWN guidelines when completing application.**

SIGNAGE REQUIREMENTS FOR DOWNTOWN MULTI – BUSINESS STRUCTURES:

The Village Board has standardized signage for downtown structures with multiple businesses.

Please follow these guidelines:

- **Colors:** **BACKGROUND** in Benjamin Moore Monterey White HC-27, **FONT** in Historical Black HC-190.
- **Shape:** Rectangular.
- **Lighting:** Gooseneck lighting in **BLACK**.

SIGNAGE REQUIREMENTS FOR DOWNTOWN FREESTANDING and NON-DOWNTOWN STRUCTURES:

Please follow these guidelines:

- **Colors:** Select 2 **COLORS** from attached Historical Color Pallet
- **Color Pallet Selected** (Please complete attached form): ___ Yes ___ No

SIGNAGE REQUIREMENTS FOR BROTHERHOOD PLAZA, FULTON SQUARE, WASHINGTONVILLE PHARMACY PLAZA:

Must adhere to current signage regulations for your location.

REQUEST REVIEW OF:

☐ FAÇADE

☒ **SIGN** | **PHONE NUMBERS & HIGH OR SEMI-GLOSS FINISHES OF ANY KIND ARE NOT PERMISSABLE**

☐ **LIGHTING** | **APPLICANTS INCLUDING FIXTURES | SEE ATTACHED GUIDELINES**

Fixture Selection Included: ___ Yes ___ No

☐ **OTHER:** _____

Project Description: Opening a small bakery located behind existing plaza
Sign Shape & Dimensions: Rectangle - 6' x 9" - will follow signage
Sign Materials: dura bond
Hardware used: eye bolts
How will the sign be mounted: hung on existing hooks under the front overhang

APPLICANT | OWNER INFORMATION:

Applicant: Jillian Gonzalez

Business Name: The Five-foot Baker, LLC

Phone #: 845 636 9421 Alt. Phone #: _____

Address: 120 Shaw Rd, Rock Tavern NY 12575 Email Address: Fivefootbaker99@gmail.com

Property Owner: MARK Freitas - Freitas Holdings, LLC

Phone #: 917-589-7042 Alt. Phone #: _____

Address: 134 Oxford Rd, Chester NY 10918 Email Address: mark.Freitas@wvillepharmacy.com

Design Professional: D&M Signs

Phone #: 845 343 9727 Alt. Phone #: _____

Address: 35 Dolson Ave. Suite A Middletown, NY 10940 Email Address: thesignguy@frontiernet.net

Contact Person: _____

Phone #: _____ Alt. Phone #: _____

Address: _____ Email Address: _____

FEES: ARB APPLICATION: \$100.00

Amount Rec'd: \$ 100.00 Check/MO Number: 89

ARB Chairperson Approval: [Signature] Date: 2/3/25

Applicant Signature: [Signature] Date: 2/13/25

OFFICE USE ONLY

Building Inspector sign reviewed: [Signature] (Initial's)
Revised Date: October 7, 2024, Revised By: MS

The Five Foot Baker

72 x 9 x 1/8 durabond installed
Installation/labor/hardware - \$150



D&M Signs, Inc.
35 Dolson Ave. Suite A
Middletown, NY 10940
Tel: 845-343-9727
thesignguy@frontiernet.net

CLIENT: 5footbaker
LOCATION: Washingtonville
PROJECT: Hanging
DRAWN BY: DJF
DATE: 2/14/25

I HAVE REVIEWED THE ABOVE SPECIFICATIONS & HEREBY FULLY UNDERSTAND THE CONTENT OF WORK TO BE PERFORMED. I APPROVE THIS PROJECT TO BEGIN:

CLIENT'S SIGNATURE

A handwritten signature in black ink, appearing to be 'DJF', is written over a horizontal line.

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