

Borough of Somerville

Application to the Architectural Review Board (ARB)

THIS IS NOT AN APPLICATION FOR A PERMIT

APPLICATION FEE \$25.00

Subject Property Address: _____ Date: _____

Block: _____ Lot: _____

Property Owner's Name: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Address: _____

Work Proposed:

Building Sign: (must complete Sign Information Sheet)

Will sign be lit? Circle one: Yes No

Window Signs (other than temporary): (must complete Sign Information Sheet)

Will sign be lit? Circle one: Yes No

Exterior Painting: (must complete Exterior Painting Application)

Provide color chart and samples

Exterior remodeling (e.g. window replacement, modifications to doorways, siding, trim, etc.):
(must complete Façade Improvement Application).

Provide catalog information and Current Photos of existing façade required (see below)

Sidewalk Café: (must complete Sidewalk Café Application)

Antennae, satellite dishes, stacks, ducts or other appurtenances: (describe below and provide
detailed drawings and specifications with application _____)

Other: Awnings, Sidewalk, Planters, etc. (describe nature of work and provide drawings/photos)

Requirements:

1. An artist rendering or a drawing, to scale, of the proposed work, must accompany the application along with a façade elevation with all dimensions clearly labeled. The architect or the sign company can do this. All proposed colors must be shown and color samples with paint chips and manufactures' #s must be provided. ***Amateurish sketches will not be accepted.***

-Continued on next page-

www.somervillenj.org

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New Jersey 08876 ♦ Phone (908) 725-2300 ♦ Fax (908) 704-3540

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2. Samples of actual materials and colors, and 14 color copies of a current photograph of the entire façade of the building face for which application is being sought must be submitted with the application. Also, photos of the specific area of improvement are to be provided along with photos of the façade which include the immediate adjoining properties.
3. The property owner, or a representative of the owner, must be present with the applicant at the ARB meeting to present the proposal and answer questions about the application. Any owner's representative must have written authority to make design decisions. Delays may result if a representative is present that cannot make decisions on behalf of the owner.

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

Additional Information:

- The ARB does not make determinations as to compliance with current zoning.
- Other approvals may be required.
- Any appeal of the ARB's recommendations must be made within ten (10) days of the ARB decision by filing a Notice of Appeal with the Planning Board. An appeal will then be scheduled during a public hearing of the Planning Board where you will be invited to present your objections to the ARB recommendations.
- Borough Ordinance requires that every building shall have approved address numbers placed in a position to be plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numerals or alphabet letters. Numbers shall be a minimum of 4 inches high with a minimum stroke width of 0.5 inch.

COMPLETENESS CHECKLIST

I	NA	C	I = Incomplete	NA = Not Applicable	C = Complete
[]	[]	[]	Signs - <u>Sign Information Sheet</u> .		
[]	[]	[]	Exterior Painting - <u>Exterior Painting Application</u> .		
[]	[]	[]	Exterior Remodeling - <u>Façade Improvement Application</u> .		
[]	[]	[]	Sidewalk Café - <u>Sidewalk Café Application</u> .		
[]	[]	[]	Detailed Drawing to Scale – with clear dimensions shown.		
[]	[]	[]	Materials and Color Samples – Include color chart with manf #s.		
[]	[]	[]	Photos – Full façade and specific area of improvement.		
[]	[]	[]	Photos - Façade including <u>immediate adjoining properties</u> .		

Borough of Somerville

Sign Information Sheet

To accompany an Application to the Architectural Review Board if property is within the Special Improvement District

Subject Property Address: _____ Date: _____

Block: _____ Lot: _____

Property Owner's Name: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Address: _____

Type of sign: [] wall [] freestanding [] window [] awning or canopy [] other _____

Sign Dimensions: Length _____ Width _____ Height _____ Area of sign _____

Distance from bottom of sign to ground _____

Sign to be constructed of: _____

Sign will be mounted on: (i.e. posts, wall) _____

Describe the surface upon which the sign is to be mounted to: _____

Sign will be supported by: _____

Total weight of the sign and mounting hardware or supports: _____

If illuminated, state method of illumination: _____

Total cost of sign installed: \$ _____

Sign owner/agent: _____

Contact: _____

Address: _____

Date: _____

Signature of Applicant or Applicant's Agent

For Office Use Only

I certify that the proposed sign conforms to the current ordinances: _____ Date: _____

Zoning Officer

Denied: _____ Reason for denial: _____



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