

Check 41853



575 Dalton Avenue, Pittsfield, MA 01201  
ph. 800.458.2376 fax. 413.443.0034  
gisigns.com

March 25, 2016

Planning Department  
Attn: Richard Harris, Town Planner  
116 Main Street  
Rm 204  
South Hadley, MA 01075

RE: Easthampton Savings Bank  
605 Granby Road  
South Hadley, MA

Dear Mr. Harris:

We are representing the above client for signage. We are proposing an internally illuminated sign on the front elevation of this building, where there is a current non illuminated sign that would be removed. This new signage reflects the bank's new logo "bankESB" that has rolled out at all their branches. It is a contour sign with push-thru graphics that makes use of internal white LED illumination. The sign we are proposing is much smaller than the existing, as noted in the rendering that is included in this packet, along with the sign permit application.

We propose that the following signs be removed from the building:

- 1. The "ESB" logo on the east elevation.
- 2. The larger sign on the rear elevation that says "Easthampton Savings Bank".

I have provided photos of these.

The Bank would like to replace the following signs:

- 1. The sign over the ATM that says "ATM" with a white background, to white letters with a green background. This will be the same size, and is existing with illumination.
- 2. The ATM surround header over the ATM, which states "Easthampton Savings Bank" to replace it with the new logo "bankESB", the same size. This header has existing illumination.

I have included those renderings in this package, and I have submitted those two applications to the building department.

With the \$50 fee enclosed and the renderings, application, and photos I am hopeful we will be on the April 11th agenda. If you need anything else from me, please call me at 800-458-2376 or e mail me at [vwhite@gisigns.com](mailto:vwhite@gisigns.com)

Regards,

Vicki White,  
Graphic Impact Signs

# TOWN OF SOUTH HADLEY



ROY RIVERS  
Electrical Inspector  
DAVE TOURVILLE  
Plumbing and Gas Inspector

CHARLENE BAIARDI  
Acting Building Commissioner

## OFFICE OF THE BUILDING COMMISSIONER

116 Main Street, Room 110  
South Hadley, MA. 01075-2896  
Telephone: (413) 538-5010 ext. 110 \* Fax: (413) 538-7565  
www.southhadleyma.gov  
Email: cbairdi@southhadleyma.gov

### SIGN PERMIT

#### TYPE OF SIGN (Check one)

- WALL
- GROUND \_\_\_\_\_
- MARQUE \_\_\_\_\_
- TEMPORARY \_\_\_\_\_
- FLAG \_\_\_\_\_
- BANNER \_\_\_\_\_
- OTHER \_\_\_\_\_

#### SIGN TO BE (Check one)

- ERECTED \_\_\_\_\_
- ALTERED
- REPAIRED \_\_\_\_\_
- REPAINTED \_\_\_\_\_
- REMOVED \_\_\_\_\_

ESTIMATED COST \$ 2832.00

PRICE OF SIGNS ARE MIN. OF \$35.00 + \$1.00 PER SQ FT OF FACE AREA

NAME OF BUSINESS Easthampton Savings Bank  
 LOCATION 605 GRANBY ROAD  
 OWNER'S NAME Easthampton Savings Bank  
 OWNER'S ADDRESS 36 Main Street Easthampton, MA.

MAKER'S NAME Graphic Impact Signs ADDRESS 575 Dalton Ave Pittsfield, MA 01201  
 ERECTOR'S NAME same ADDRESS \_\_\_\_\_

SIGN TO BE (Check one) ILLUMINATED  NON-ILLUMINATED \_\_\_\_\_

SIGN MATERIAL Aluminum  
 SIZE OF SIGN FACE 7' 9" FT WIDE 2' 7" FT HIGH

STRUCTURE MATERIAL Aluminum cabinet  
 SIGN FACE AREA (To nearest 1/2 sq ft) 21.36 SQ FT

BOTTOM EDGE OF SIGN 9 FT HIGH TOP EDGE 11 FT HIGH

ERECTED SIGN STRUCTURE: HIGH 11 FT WIDTH 50 FT

HOW FAR BACK FROM STREET 58 FT WEIGHT OF SIGN 300 lbs

SIGN FASTENED bracket/sign cabinet BOLTED \_\_\_\_\_ NAILED \_\_\_\_\_  
 SIGN ATTACHED TO: POLE \_\_\_\_\_ WALL  ANGLE BRACKET

WILL SIGN CONFORM TO TOWN'S ZONING BY-LAWS \_\_\_\_\_  
 DO YOU HAVE A COPY OF SIGN BY LAWS: YES:  NO: \_\_\_\_\_

SIGNATURE OF APPLICANT Wicki White

APPROVED DATE: \_\_\_\_\_ BUILDING COMMISSIONER \_\_\_\_\_



**(1)...Internally Illuminated Contour Sign with Push-Thru Graphics...7/8"=1'-0"**

- 6" deep aluminum fabricated cloud contour sign cabinet...painted white...internal white LED module illumination
- .125" CAM routed aluminum sign face with 1/2" white acrylic push-thru graphics/lettering
- graphics/lettering faced with translucent green and grey vinyl film
- 120 VAC at 60 W power supplies to be located within contour sign cabinet
- aluminum fabricated mounting bracket/spacer...painted to match fascia behind

Proposed



Existing Condition



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575 Dalton Ave. Pittsfield, MA 01201  
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Sales Rep: M. Brazeau  
Job Name: ESB Bank  
Job Location: S.Hadley, MA  
Sheet: 1 of 4

Date: 2/26/16  
Job #:   
Scale: as noted  
Drawn by: LH

ESB Bank  
605 Granby Rd.  
S.Hadley, MA  
Rev 3/9/16

APPROVED  
 APPROVED AS NOTED  
CLIENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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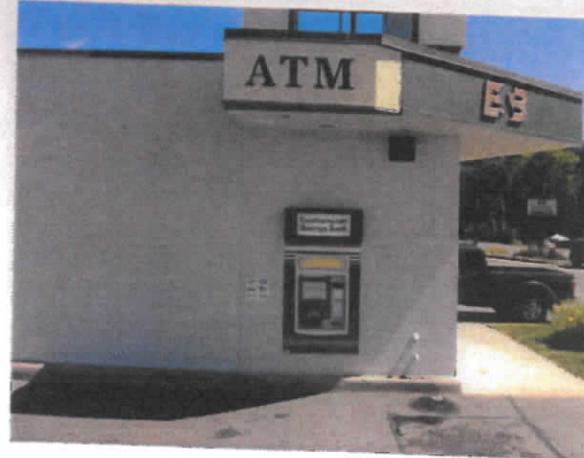
Proposed



REMOVE THIS SIGN

- (1)...Replacement Routed and Back-Lit Sign Face...NTS 8 sf
- .080" gauge aluminum panel with angled bend to match existing ....painted green to match existing fascia band
  - CAM routed "ATM" lettering with 3/16" white acrylic back-up
  - existing lighting fixtures to illuminate new face/lettering
  - designed to fit existing sign retainer system

Existing Condition



graphic impact signs

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Sales Rep: M. Brazeau  
 Job Name: ESB Bank  
 Job Location: S.Hadley, MA  
 Sheet: 2 of 4  
 Date: 2/26/16  
 Job #:   
 Scale: as noted  
 Drawn by: LH

ESB Bank  
 605 Granby Rd.  
 S.Hadley, MA  
 Rev 3/9/16

APPROVED \_\_\_\_\_  
 APPROVED AS NOTED \_\_\_\_\_  
 CLIENT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

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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): Graphic Impact Signs, Inc.

Address: 575 Dalton Avenue

City/State/Zip: Pittsfield, MA. 01201 Phone #: 800-458-2376

<b>Are you an employer? Check the appropriate box:</b> 1. <input checked="" type="checkbox"/> I am an employer with <u>16</u> employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † 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. ‡ 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.]		<b>Type of project (required):</b> 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input checked="" type="checkbox"/> Other <u>Signs</u>
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\*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: Granite State Insurance Company

Policy # or Self-ins. Lic. #: WC005849357 Expiration Date: 8/19/16

Job Site Address: 1005 Granby Street City/State/Zip: So. Hadley, MA 01075

**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: Jill White Date: 3-24-16

Phone #: 800 458 2376

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>	
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)  
7/21/2015

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 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> Coakley Pierpan Dolan & Collins Insurance Agency 26 Union Street  North Adams MA 01247		<b>CONTACT NAME:</b> Lisa Bernard <b>PHONE (A/C No. Ext):</b> (413) 664-9366 <b>E-MAIL ADDRESS:</b> lbernard@cpdcinsurance.com <b>FAX (A/C No.):</b> (413) 664-4723	
<b>INSURED</b> GRAPHIC IMPACT SIGNS, INC. 575 DALTON AVE  PITTSFIELD MA 01201-2908		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Main Street America Ins. Co. NAIC # 29939 INSURER B: NGM Insurance Company NAIC # 14788 INSURER C: Granite State Ins Co INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: 2015-2016 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
A	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BFF9690P	8/19/2015	8/19/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 EPLI \$ 10,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			M9F9690P	8/19/2015	8/19/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ ELITE \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUF9690P	8/19/2015	8/19/2016	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/A	WC005849357	8/19/2015	8/19/2016	<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)

### CERTIFICATE HOLDER

### CANCELLATION

Town of South Hadley Town Hall 16 Main Street Room 110A South Hadley, MA 01075	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 Lisa Bernard/LISBER <i>Lisa P Bernard</i>
--	--

Existing Condition



**REMOVE THIS SIGN** *Rear elevation*

Existing Condition



**REMOVE THIS SIGN**



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impact  
signs**

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Sales Rep: M. Brazeau  
Job Name: ESB Bank  
Job Location: S. Hadley, MA  
Sheet: 3 of 4

Date: 2/26/16  
Job #: \_\_\_\_\_  
Scale: as noted  
Drawn by: LH

ESB Bank  
605 Granby Rd.  
S. Hadley, MA

Rev 3/9/16

APPROVED  
 APPROVED AS NOTED

CLIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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Locations on building



Proposed



(1)...Replacement ATM Surround Header Face Panel... 1 1/2"=1'-0"

- 3/16" white polycarbonate face panel...cut with slight radius to fit into existing back-lit header
- graphics are translucent green and grey vinyl film applied 1st surface to face of plastic
- 1/2" opaque green border around face...magnetic or velcro fastening behind ( to be determined )

Proposed



Existing Condition



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Sales Rep: M. Brazeau  
 Job Name: ESB Bank  
 Job Location: S.Hadley, MA  
 Sheet: 4 of 4  
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ESB Bank  
 605 Granby Rd.  
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