

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

Permit Issued: # _____

APPLICATION FOR MOVABLE SIGNAGE ON PUBLIC PROPERTY

Application Fee \$100.00

Date: 10/26/2022

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Expiration Date:	_____
Amount Paid	_____

To the City Council of the City of Newburyport:

The undersigned requests that he/she may be granted permission to place one (1) movable sign on public property and private rights-of-way open to the public. This permission will only be effective for the listed location, and will be subject to all of the terms, conditions, and limitations set forth in the Newburyport Code of Ordinances, and any applicable State and Federal laws and any condition prescribed by the City Council and/or City Departments, including, but not limited to, those conditions appearing below.

Name of applicant NEW ENGLAND SKETCHBOOK LLC / COREY PRINCE

Home address of applicant 11 GENESEE CIRCLE

City, State, Zip of applicant MILFORD, MA. 01757

Telephone of applicant 508-243-9986

Name of business NEW ENGLAND SKETCHBOOK

Address of business 1 WATER ST REAR

Telephone of business 978-992-1345

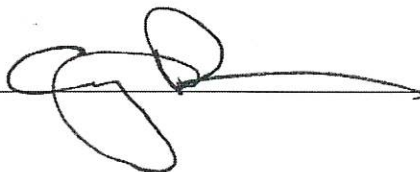
Description of the location and movable sign to placed on the Public Way.

ON LEFT SIDE OF "ALLEY" ON/AT 1 WATER ST. (GRAVEL AREA)

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to RELEASE, discharge and hold harmless, the City of Newburyport, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant or Duly Authorized Agent



Date 10/26/22

October 26th

Re: A-Frame sign application – 1 Water Street Rear

Business Name: New England Sketch Book

Property and Business Owner : Corey Prince

Email: corey@nesketchbook.com

Phone: 508.243.9986

For Committee Review.

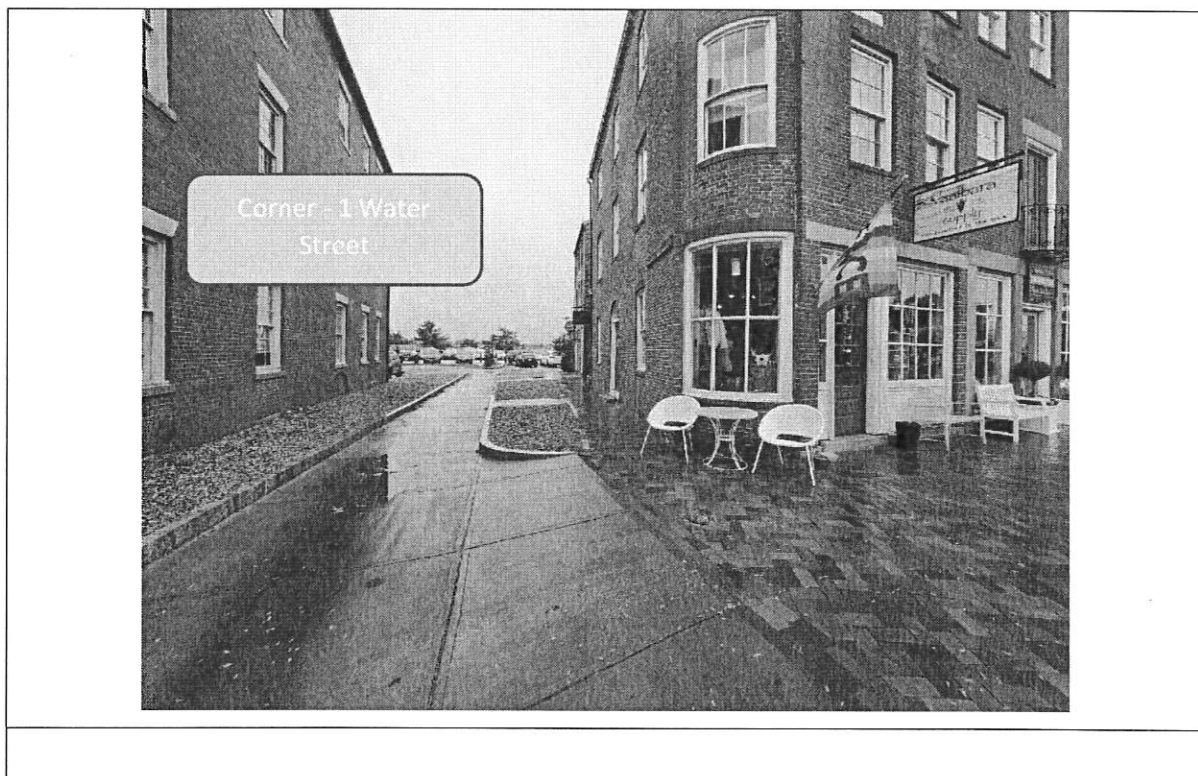
I recently purchased the commercial space located at 1 Water Street Rear to house my new retail endeavor, New England Sketch Book, with its focus on New England history, home decor and local reclaim/reuse artisans.

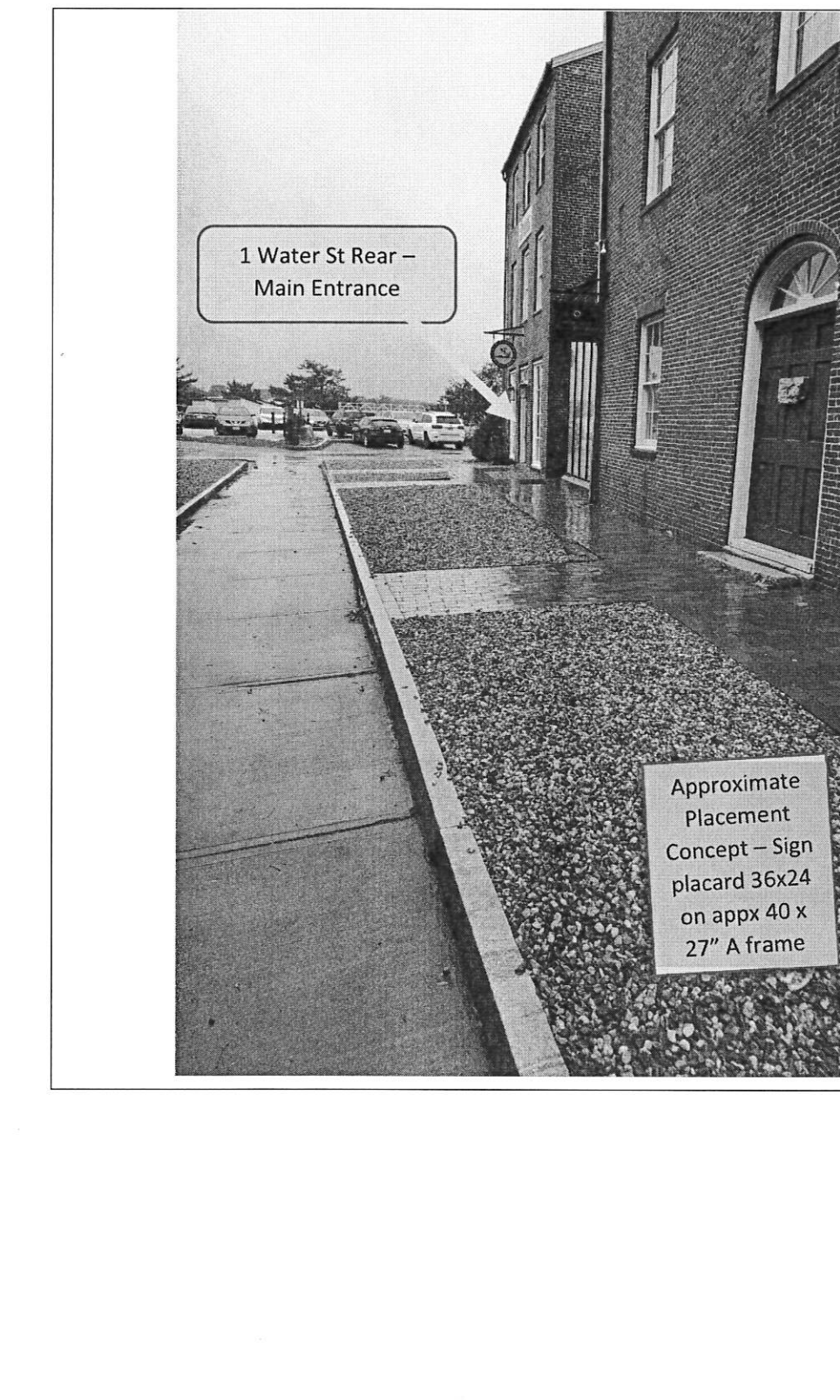
Despite its incredibly proximity to Market Square and adjacent public parking – the alley leading to this space has proven to be a challenge in drawing foot traffic off the main thoroughfare for previous occupants.

As I move forward to launch this business, I believe a well-placed sandwich board will be of significant value in building awareness and visibility for the shop and help improve interest and foot traffic without negative impact.. Given the frequent utilization of the cross walk at the front of 1 Water – an a-frame style sign adjacent to, but not on, the core brick pathways would serve this initial need.

I have included some images below to illustrate initial placement concept.

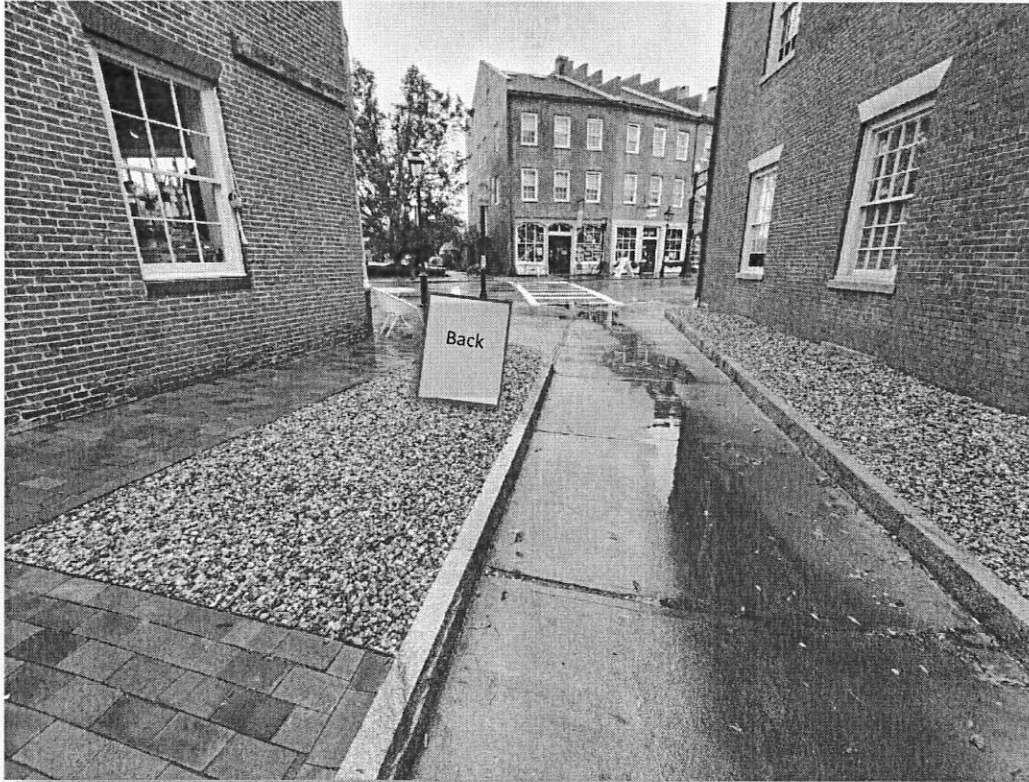
Exterior Images





1 Water St Rear –
Main Entrance

Approximate
Placement
Concept – Sign
placard 36x24
on appx 40 x
27" A frame



I hope this is helpful context and support information for this application and request.

I am committed to be a good steward of this historic space – as well as build a unique retail entity that strongly contributes to the downtown experience and to the community as a whole – and hope this application has an opportunity to move forward to approval.

Sincerely,

Corey Prince

A handwritten signature in black ink, appearing to read 'C. Prince', with a long horizontal flourish extending to the right.

Owner | Curator

New England Sketch Book

508.243.9986



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2022

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).

PRODUCER Gould Insurance 41 Sparhawk St Amesbury, MA 019132403	CONTACT NAME: Christine Amenta
	PHONE (A/C, No, Ext): 978-388-2354 FAX (A/C, No): 978-388-5578 E-MAIL ADDRESS: christinea@gouldinsurance.com
INSURED New England Sketch Book, LLC 11 Geneseo Circle Milford, MA 01757	INSURER(S) AFFORDING COVERAGE INSURER A: OHIO SECURITY INSURANCE CO NAIC # 24082
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BKS64762066	07/18/2022	07/18/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							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
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	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				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

City of Newburyport is an additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Newburyport City Hall 60 Pleasant St Newburyport, MA 01950	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 
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