



171.65 in

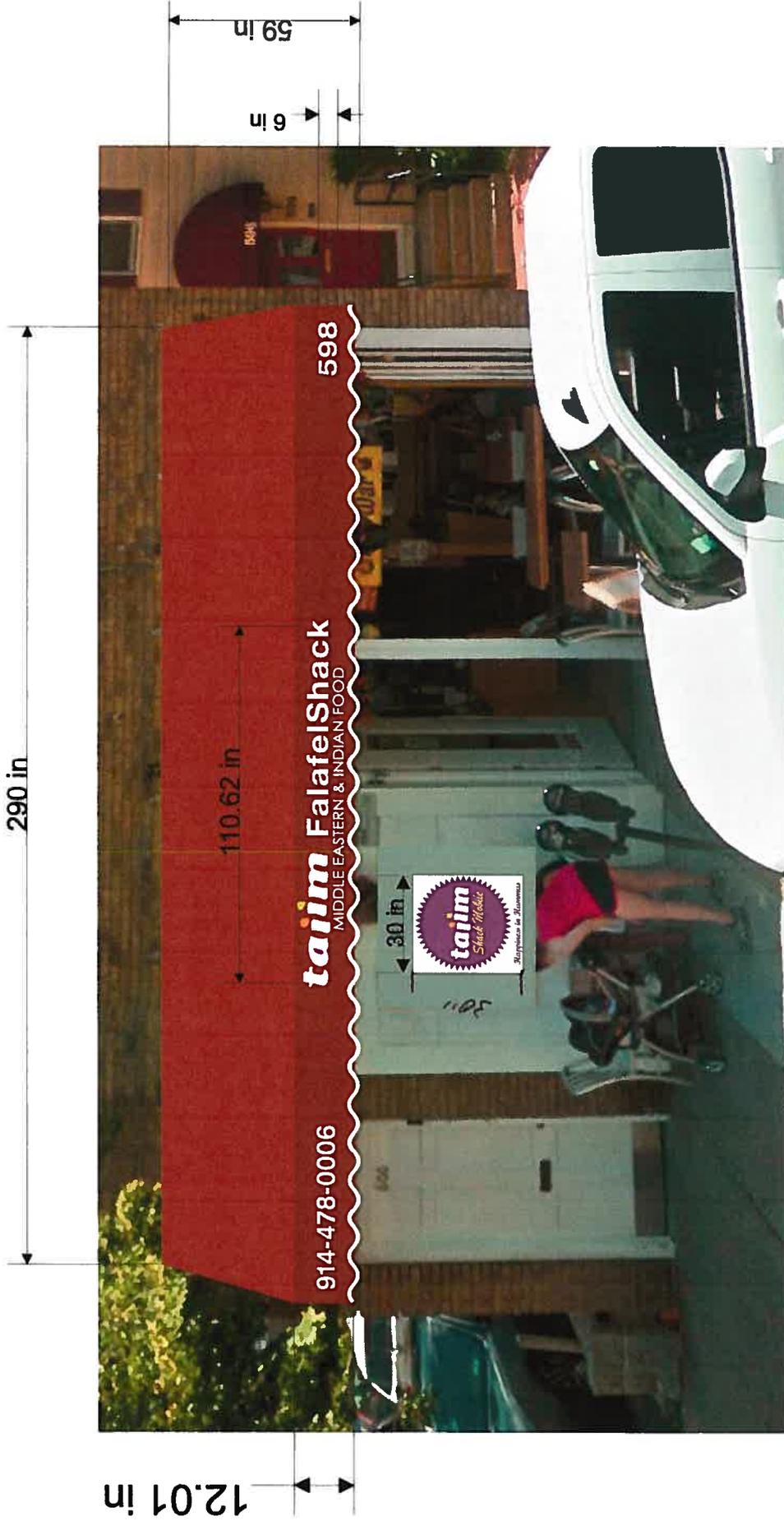


101.5 in

103.9 in

**Location:** 598 Warburton Ave.  
**Job Description:** Retractable Awning  
**Material:** Sumbrella fabric  
**Size:** 290"W x 60"P

**Awnings N Signs**  
280 new Main St. Yonkers NY 10701  
914-423-4015



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OVER FOR GARY

ARB 11/7/16

① 42 MAIN ST.

URBAN DOLLHOUSE STORE SIGNAGE + AWNINGS  
MADE PRESENTATION BY PENTER

REMOVED OLD SIGN BOX

AWNINGS + SIGNAGE ABOVE DOOR + SMALL  
WINDOW DECALS

\* MUST CHECK AWNING HEIGHT \*  
Unanimously Approved 5 members

② 598 WARBURTON

TAIM FACADE SHACK RETRACTABLE AWNING

AWNING CO MADE PRESENTATION

PROJECTION 4'S' HEIGHT 8' \* + RETRACTED

MUST ADDRESS HANGING SIGN -

# + ADDRESS TO BE MIDDLE

SIZE OF FONTS AND WHITE TRIM

CEDAR SHAKE <sup>RECOMMEND</sup> COME DOWN / WHITE FACADE

WILL RE-SUBMIT DURING MONTH / NEXT

ADDITIONAL

PHOTO SCOPE OR  
DRAWING

ADDITIONAL

③ 527-533 WARBURTON AVE LLC

SAKURA GARDEN + SUSHI BAR

ONLY MADE PRESENTATION

- MUST PAINT BRICK

~~MAKE PAIR ALL 3 PAIR MATCH EXISTING~~

CHANGE DRAWINGS TO REPRESENT CORRECTLY

REMOVE OPEN SIGN

REVISED DRAWINGS UPDATED RAILINGS + LIGHTS DIMENSIONS

OR PRESENTED UNANIMOUSLY REMOVED

BACK  
FRONT

REMOVED

**HASTINGS-ON-HUDSON  
ARCHITECTURAL REVIEW BOARD  
APPLICATION AND CHECKLIST**



The ARB meets on the 1<sup>st</sup> Monday of every month at 8:00 P.M. Please complete and submit this application along with a fee of \$25 and all the required supporting material to Hastings-on-Hudson Buildings Department, no later than two weeks before the date of the meeting.

Applicant's Name: <b>SKYTESS INC DBA TRIM PALAFEL SHALL</b>		Date: <b>10/17/2016</b>
Tel. <b>9144780006</b>	Fax:	E-mail: <b>INFO@TRIMPALAFELSHALL.COM</b>
Property Owner's Name: <b>TWA HWA YOON</b>		Property Address: <b>548 WARBURTON</b>
Brief Project Description:	<b>CANOPY.</b>	

This application must be submitted in a packet with the following items. Provide eight (8) copies of each item and this application. ✓ Check off completed items:

The following items are required with every application:		
1	<b>DRAWINGS:</b>	
	Elevations and/or photographs with dimensions that show how the proposed elements relate to each other and to the building façade, and to adjacent facades. Identify proposed materials and colors, windows, doors, and light fixtures, if applicable. Provide details of all structures such as awnings and canopies, if applicable.	
2	<b>PHOTOS:</b>	
	Photographs of the property/building.	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>OCT 24 2016</p> <p>Building Department Hastings-on-Hudson</p> </div>
	Photographs of architectural details, existing lighting, etc.	
	Photographs (full views) of all adjacent properties.	
3	<b>SAMPLES</b> of all materials related to the project. For example:	
	Awning fabric	Lighting cut sheets
	Paint chips	Siding samples
	Window and door cut sheets	Brick and stucco samples
	Other	Other
The following additional items may be required by the Building Inspector or the ARB.		
4	<b>ARCHITECTURAL PLANS:</b>	
	Including layouts at the street wall, and sidewalks, curbs, and street amenities, if applicable.	
	Wall sections and architectural details	
	Equipment (including roof equipment, A/C, refuse containers, etc.) if applicable	

APPLICANT MUST ATTEND ARB MEETING.

Please feel free to provide any brochures, models, photographs, renderings or other visual aids, or any additional information that might clarify your proposed project and assist in your presentation. No changes to the form, design, color, or materials of a project will be permitted after the Architectural Review Board has approved it.

*[Signature]* **10/18/2016**  
Applicant Signature/Date



**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

**Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.**

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p>RUBEN LEVANO DBA: AWNINGS N SIGNS 280 NEW MAIN STREET YONKERS, NY 10701 PHONE: 914-423-4015 FEIN: XXXXX5315</p>	<p align="center"><b>Business Applying For: Building Permit</b></p> <p><b>From: HASTINGS ON HUDSON BUILDING DEPARTMENT</b></p> <p>The location of where work will be performed is <b>598 WARBURTON AVE., HASTINGS ON HUDSON, NY 10701.</b></p> <p>Estimated dates necessary to complete work associated with the building permit are from <b>October 24, 2016 to November 24, 2016.</b> The estimated dollar amount of project is <b>\$0 - \$10,000</b></p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:  
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:  
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, RUBEN LEVANO, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	Signature:	Date: <b>10-24-16</b>
<b>Exemption Certificate Number 2016-071223</b>		<b>Received October 24, 2016 NYS Workers' Compensation Board</b>



**Location:** 598 Warburton Ave.

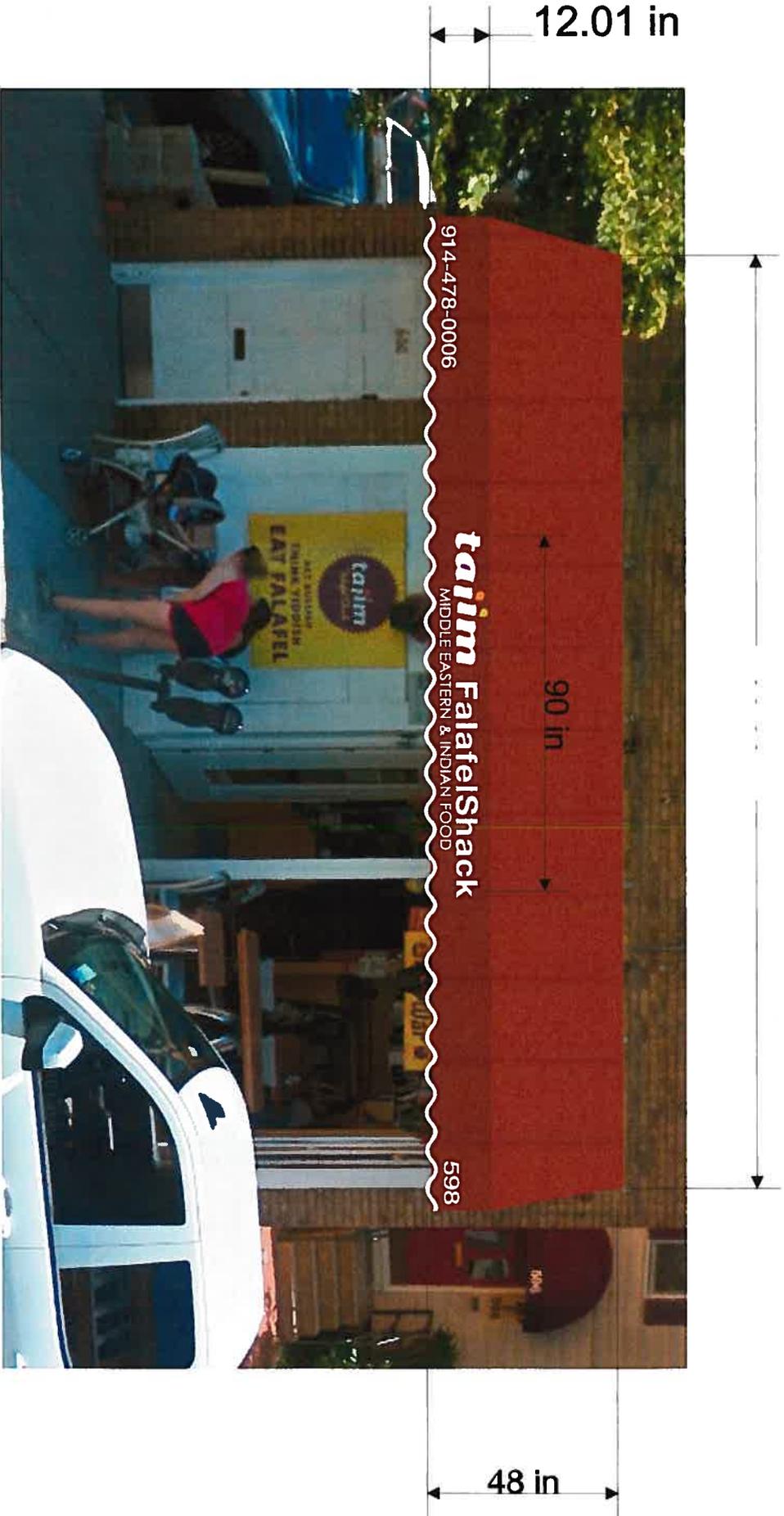
**Job Description:** Retractable Awning

**Material:** Sumbrella fabric

**Size:**

**Awnings N Signs**

280 new Main St. Yonkers NY 10701  
914-423-4015



12.01 in

90 in

48 in

914-478-0006

**taim** FalafelShack  
MIDDLE EASTERN & INDIAN FOOD

598

Location: 598 Warburton Ave.

Job Description: Retractable Awning

Material: Umbrella fabric

Size: 295" w x 48" d

**Awnings N Signs**

280 new Main St. Yonkers NY 10701  
914-423-4015

Village of Hastings-on-Hudson  
**ARCHITECTURAL REVIEW BOARD**  
NOTES OF MEETING HELD: NOV. 7, 2016

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MEETING LOCATION: Meeting Room, Municipal Bldg, 7 maple Ave., Hastings-on-Hudson, NY

MEMBERS PRESENT:

- M. Koch, Chairman
- D. Emilio
- R. Kornfeld
- K. Sibilila
- J. Anderson
- A. Hubener

BLDG. DEPT. MEMBERS PRESENT:

- C. Minozzi, Building Inspector

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**REVIEW OF A.R.B. SUBMISSION**

PROJECT: JULIA DYCKMAN ANDRUS MEMORIAL - 2 CLASSROOMS

LOCATION: 1156 NORTH BROADWAY

PRESENTED BY: GARY SPILATRO

APPROVED

APPROVED ON CONDITION THE FOLLOWING CHANGES BE MADE:

DISAPPROVED DUE TO:

COMMENTS/RECOMMENDATIONS:

PROVIDE 8" MASONRY CURB AT PERIMETER  
SKIRT OF HARDI-PLANK ENTIRE PERIMETER, POSSIBLY INSET 2" FOR SHADOWLINE  
SKIRT BOARD AT LINE OF FLOOR FRAMING  
BLUE ROOF TO MATCH ADJACENT BARN ROOF  
POSSIBLY TWO ADDITIONAL WINDOWS AT N. ELEVATION RELOCATED FROM EAST  
ELEVATION

Village of Hastings-on-Hudson  
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- K. Sibilia
- J. Anderson
- A. Hubener

BLDG. DEPT. MEMBERS PRESENT:

- C. Minozzi, Building Inspector

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**REVIEW OF A.R.B. SUBMISSION**

PROJECT: URBAN DOLLHOUSE

LOCATION: 42 MAIN STREET

PRESENTED BY: NANCY ROSNER

APPROVED

APPROVED ON CONDITION THE FOLLOWING CHANGES BE MADE:

APPROVED AS PRESENTED

DISAPPROVED DUE TO:

COMMENTS/RECOMMENDATIONS:

Village of Hastings-on-Hudson  
**ARCHITECTURAL REVIEW BOARD**  
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- K. Sibilia
- J. Anderson
- A. Hubener

BLDG. DEPT. MEMBERS PRESENT:

- C. Minozzi, Building Inspector

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**REVIEW OF A.R.B. SUBMISSION**

PROJECT: TAIIM FALAFEL SHACK - AWNING

LOCATION: 598 WARBURTON AVE

PRESENTED BY: MYRA ASENSA (AWNING COMPANY)

APPROVED

APPROVED ON CONDITION THE FOLLOWING CHANGES BE MADE:

DISAPPROVED DUE TO:

INSUFFICIENT INFORMATION ABOUT CANOPY

COMMENTS/RECOMMENDATIONS:

SUBMIT DRAWINGS W DIMENSIONS SHOWING HEIGHT FROM SIDEWALK TO VALANCE, SIZE AND LOCATION OF VALANCE LETTERING. PROVIDE A SECTION DRAWING SHOWING RELATIONSHIP OF AWNING TO CEDAR SHINGLE "ROOF" AND PROJECTION

REMOVE EXISTING TEMPORARY SIGN BANNER AND SUBMIT NEW APPLICATION TO ARB FOR FACADE BELOW

POSSIBLY REMOVE CEDAR SHINGLE "ROOF" AND RESTORE TO ORIGINAL FACADE

Village of Hastings-on-Hudson  
**ARCHITECTURAL REVIEW BOARD**  
NOTES OF MEETING HELD: NOV. 7, 2016

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MEMBERS PRESENT:

- M. Koch, Chairman
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- R. Kornfeld
- K. Sibia
- J. Anderson
- A. Hubener

BLDG. DEPT. MEMBERS PRESENT:

- C. Minozzi, Building Inspector

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**REVIEW OF A.R.B. SUBMISSION**

PROJECT: SAKURA MAPLE CORP

LOCATION: 533 WARBURTON AVE

PRESENTED BY: TONY WANG

APPROVED

APPROVED ON CONDITION THE FOLLOWING CHANGES BE MADE:

FRONT FACADE APPROVED AS PRESENTED

REAR FACADE - PROVIDE REVISED DRAWING SHOWING DIMENSIONS, RAILING TO MATCH ADJACENT AT KITCHEN, AND LIGHTING ABOVE CANOPY

RESUBMITTAL BY EMAIL

DISAPPROVED DUE TO:

COMMENTS/RECOMMENDATIONS:

IF THEY NEED MORE GARBAGE STORAGE, APPLY FOR ANOTHER SHED

FAN IN REAR WILL BE REMOVED

BRICK PAINTED TO MATCH ENTIRE REAR BELOW ELECTRICAL CONDUIT INCLUDING SAKURA KITCHEN AREA

OLD AND NEW AWNINGS SHOULD BE GOOD COLOR MATCH

NEON "OPEN" SIGN IN FRONT WINDOW TO BE REMOVED