CITY OF CLARKSTON
where possibilities grow

SIGN PERMIT APPLICATION ANALYSIS

APPLICATION INFORMATION

PS-06-2013

Name: Trung Tran
Phone No.: (404) 292-6990
Email: none provided
Business Name: Ni's Auto Repair
Business Type: Car Repair/Maintenance

Address: 3666 Market Street
Zoning District: TC

P&Z Hearing Date: October 15, 2013
Prepared by: Jason Gaines

DESCRIPTION OF REQUESTED SIGN

The applicant requests permission to replace existing lettering on the front-facing façade of the building in which the business is located. The lettering consists of 18-inch plastic-face characters spelling out the word's "Ni's Auto Repair". The letters being replaced are approximately the same size, but are of a different font.

OTHER SIGNAGE ON SUBJECT PROPERTY

No other signage exists at the subject property.

ZONING PROVISIONS (APPENDIX A – ZONING)

The subject property zoned TC and is appropriate for use as an auto repair business. (Appendix A - Zoning, Sec. 703).

SIGN ORDINANCE PROVISIONS (CHAPTER 15.5)

This request involves the installation of plastic lettering attached to a wall-mounted aluminum board.

(Sec. 15.5-14): General Size, Height and Location Requirements

- ***(Sec. 15.5-14(2)-a.): Regulations according to location: In commercial areas, businesses which have an attached sign shall not have a permanent detached sign. In residential areas, attached signs are prohibited. One (1) attached sign is permitted in all non-residential areas.***
    - This wall signage is all that exists at the subject property. **COMPLIANCE: YES**
- ***(Sec. 15.5-14(2)-b: Display of attached signs. All attached signs and their words shall be mounted parallel to the building surface to which they are attached. On any building facade, there may be a maximum of eight (8) words which contain any character no greater than four (4) inches in height, except that words consisting of characters less than four (4) inches high may be used without limitation as to their number.***

* October P&Z Meeting
Brought in after cut-off date

CITY OF CLARKSTON
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Form # 200-SP 06
PS-06-2013

SIGN PERMIT APPLICATION

This document must be completed in full by the Applicant. Please see Applicant Instructions for complete submittal requirements.

Date of Application	9/2/2013
Applicant Name	Trung Nhon Tran
Business Name	Ne's Auto Repair
Business Address	3666 Market St Clarkston, GA 30021
Business Phone Number	404-292-6990
Alternate Phone Number	
Email Address	∅
Is this a commercial or residential use?	☑ Commercial ☐ Residential
Zoning District	
Contractor Erecting Sign (required)	All Sign Services
Contractor Address	3153 Shallowford Rd Chamblee GA 30341
Contractor Business Phone	770 906-7717
Contractor Email Address	All Sign 101@yahoo.com
Address where Sign will be Erected	3666 Market St Clarkston, GA 30021
Description of Sign Position in Relation to Nearest Building	

FOR OFFICE USE ONLY

Permanent sign application fee is 10% of value of the sign to a maximum of $500.00

Payment Type: Check # _____ Cash _____ Money Order _____
Amount Paid: $ _____ Payment Received by _____
Comments:

Submittal Instructions (*see Applicant Instructions for full requirements*):

1. Please make sure sign design conforms to City of Clarkston Code of Ordinances Section 15.5-1 et seq., available online at www.cityofclarkston.com before constructing sign.
2. Do not construct sign prior to issuance of permit.
3. Completed application and plans must be in the City Clerk's office no later than 5:00pm on the first day of the month in order to be on that month's Zoning and Review Committee agenda.
4. If application is incomplete, it will not be considered for approval.
5. Filing fee must be submitted with the application.
6. Applicant may appeal any decision to the City Council.
7. Please include **six (6) copies** of the following items with the application:
   a. Plans and specifications which **must include**: Included

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Form # 200-SP

SIGN PERMIT APPLICATION

CONDITIONS

By submitting this Application, Applicant agrees to the following conditions which are mandatory for a sign permit in the City:

Insurance Requirement

Applicant must procure, maintain and keep in full force and effect at all times for so long as the sign that is the subject of this application is in place, liability insurance insuring against all third party liability claims and demands for injury to, or death of, persons, or damage to property which arise out of the installation, placement or maintenance of said sign. Such policy of insurance shall insure against any such claim, injury, or loss in an amount not less than $500,000.00, per occurrence, $1,000,000.00 General Aggregate for injury (including death) to one or more persons attributable to a single occurrence and for property damage. Such liability insurance may be in the form of general premises liability insurance. A certificate reflecting such insurance coverage shall be provided to the City before the issuance of any sign permit.

Maintenance of Sign

Applicant agrees to maintain said sign in a safe manner, so that it is not a hazard to pedestrian or vehicular traffic, and to conform to all zoning, traffic and safety ordinances of the City of Clarkston with regard to the placing of said sign.

Removal of Sign

The undersigned agrees to remove any sign upon request by the City of Clarkston, in the event it should be deemed by the City Manager to be hazardous to the health, safety and welfare of the public.

SO AGREED:

Applicant Signature — Date 8/29/2013

Approval Planning & Zoning Committee:

Print Name — Title

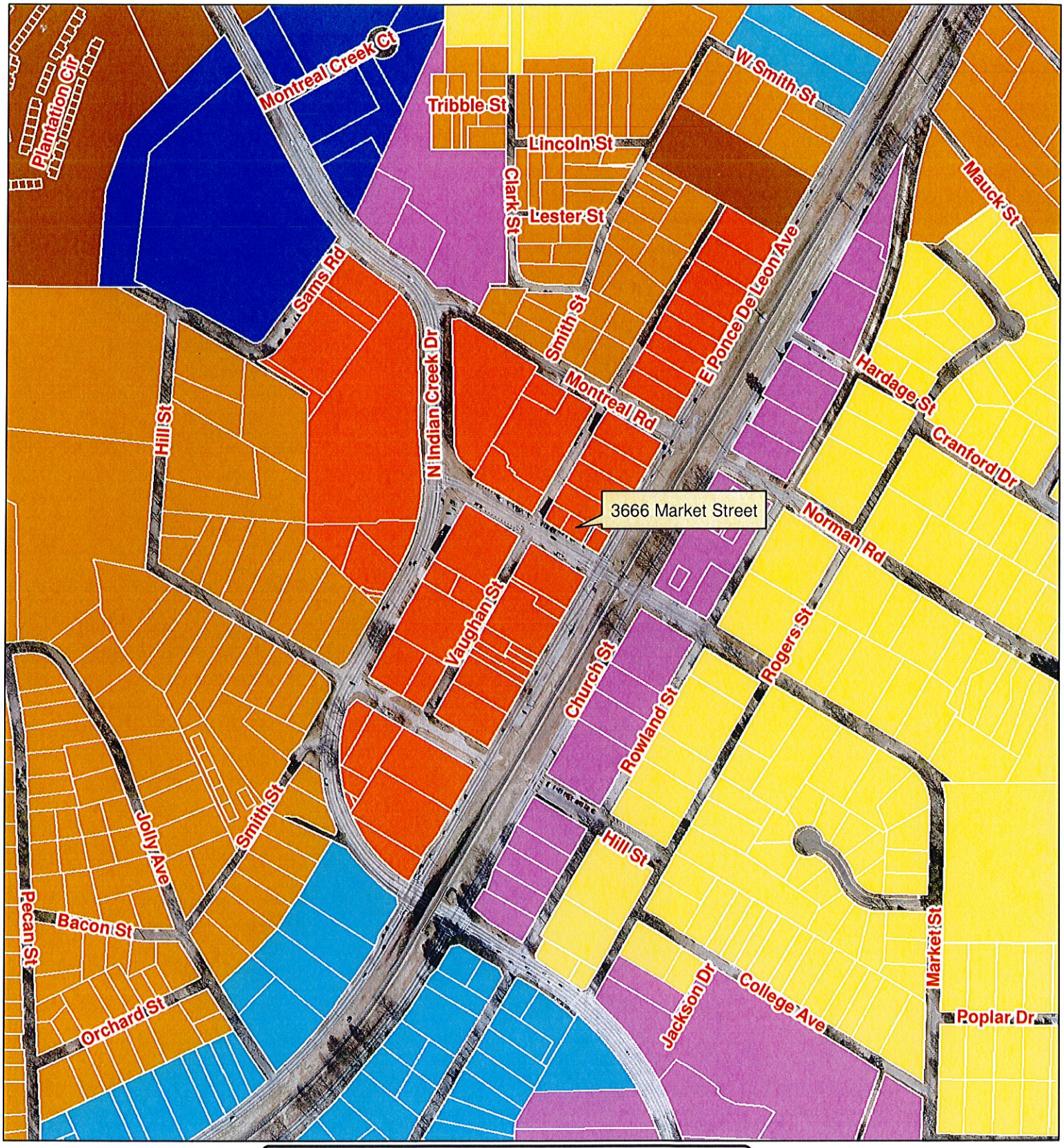
Signature — Date

Approval by City Council (When Applicable):

Print Name — Title

Signature — Date

Case #: _____



City of Clarkston Zoning Map

- Lakes
- Light Industrial
- Low Density Neighborhood Commercial
- Moderate Density Neighborhood Commercial
- Neighborhood Residential - Community Development
- Neighborhood Residential 1
- Neighborhood Residential 2
- Neighborhood Residential 3
- Residential Commercial
- Town Center
- Clarkston

N
W E
S

0 0.05 0.1 Miles

CITY OF CLARKSTON
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FOX ENVIRONMENTAL

NOTE:ALL COLORS ARE SIMULATIONS ONLY. PLEASE REFER TO CORRESPONDING MATERIALS COLOR CHART OR CHIP FOR SPECIFIC COLOR MATCHING.

LANDLORD APPROVAL	DATE:	CUSTOMER APPROVAL	DATE:	W.O.#
X _____	/ /	X _____	/ /	X_____

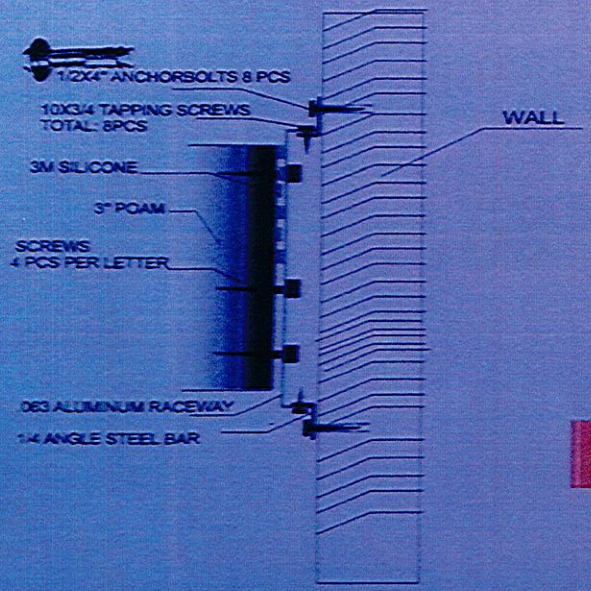
.080 ALUMINUM BACK

1/8" PLASTIC FACES ORE ALUMINUM WITH 3"FOAM BACK

24' SAME OLD SIGN DEMENSION

1'8"

2'



1/8" Acrylic Faces

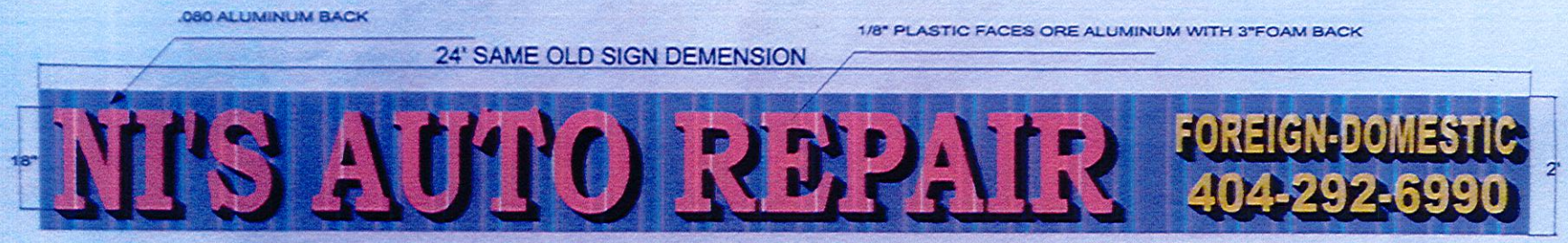
3 Foam

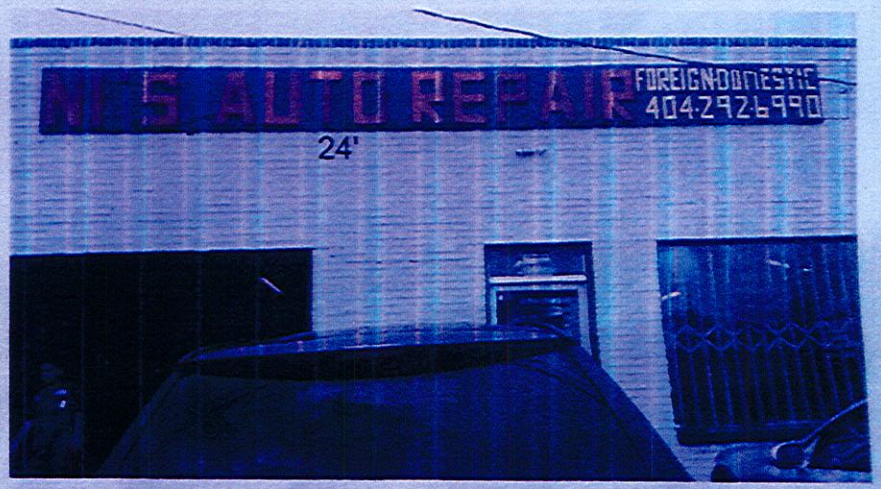
Sign installation Detail

No Lighted Sign

ALL SIGN & SERVICES
3153 Shallowford Rd. NE
Chamblee, GA 30341
Ph. 770-906-7717

REP.	DATE	SCALE	1/3"=1'
REV. 1	DRWG#	DRAWN BY	TRAN





THE NI'S AUTO REPAIR SIGN WILL BE RE DO ALL NEW SIGN IT KEEP THE SAME SIDE & SAME SPELLING

ALL SIGNS
3153 SHALLOWFOR RD
CHAMBLEE, GA 30341
Tel : 770-906-7717
Fax : 678-691-2398

Date: 9/2/2013

ESTIMATE # 168

ESTIMATE

Customer : ni's auto repair

Address : 3666 market st clarkton. Ga 30021

Contact : 404-5702876 NI's

Quantity	Description	Unit Rate	Amount
1	1 se foam letters	$1,000.00	$1,000.00
2			
3			
4			

the double faces sign will be redo
and renew with channel letters /logos/neon
total:$15.584.00 + neon red/gren

Purchase Price **	$1,000.00
Sales Tax 7%	
Permit	
Labor	
Grand Total	$1,000.00
Deposit	
Balance COD	$1,000.00

** Does not include permit fees

I hereby order the above signs as described and agree to pay the amount when delivered / installed

Signed _____ Date Promised _____

NOTICE TO PURCHASER

SELLER RETAINS A SECURITY INTEREST IN ABOVE PRODUCTS WITH ALL RIGHTS UNDER GA U.C.C UNTIL THIS CONTRACT IS PAID IN FULL. PURCHASER AGREE TO EXECUTE U.C.C FINANCING STATEMENT AND / OR APPOINTS SELLER AS ITS ATTORNEY-IN-FACT TO SO EXECUTE 1 1/2% CHARGE IS DUE ON ALL AMOUNT UNPAID BEYOND 30DAYS TITLE TO THE MERCHANDISE DOES NOT PASS TO PURCHASER AND MERCHANDISE SHALL NOT BECOME A FIXTURE UNTIL SELLER HAS BEEN PAID IN FULL AND SELLER MAY REMOVE THE MERCHANDISE FROM PURCHASER PREMISES AT ANY TIME PRIOR TO PAYMENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/11/2012

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).

PRODUCER
GLOBAL INSURANCE & FINANCIAL SVCS
7130 BUFORD HWY STE-A250
DORAVILLE, GA 30340

CONTACT NAME:
PHONE (A/C, No, Ext): 678-969-0102 FAX (A/C, No): 678-969-0307
E-MAIL ADDRESS: GLOBALINS2010@GMAIL.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : HARTFORD UNDERWRITER	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ALL SIGN SERVICE
TRUNG TRAN
3153 SHALLOWFORD RD
ATLANTA, GA 30341

COVERAGES **CERTIFICATE NUMBER:** 3,561 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC			20SBMAF3421	9/05/2012	9/05/2013	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

INFORMATION ONLY

CANCELLATION

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

annie lee

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