



VILLAGE OF COLD SPRING
**BUILDING
DEPARTMENT**

85 MAIN STREET
COLD SPRING, NEW YORK 10516

TEL. 845-265-3611
WWW.COLDSRINGNY.GOV

REFERRAL TO THE HISTORIC DISTRICT REVIEW BOARD

REFERENCE NUMBER: 2024-04-018

DATE OF REFERRAL: May 1, 2024

OWNER: Joe Zagame

ADDRESS: 26 Main Street #2, Cold Spring NY 10516

PHONE # 352-536-0925

TAX MAP # 48.12-1-57

APPLICANT: Gina Larson Stoller

ADDRESS: 26 Main Street #1, Cold Spring NY 10516

PHONE # 401-374-4145

LOCATION: 26 Main Street

PROJECT DESCRIPTION: Install new signage for retail business. Property is located in the local historic district and as such a Certificate of Appropriateness (COA) from the Historic District Review Board (HDRB) is required as per §64 of the Village Code.

NOTICE: The issuance of a COA from the HDRB is not a Building Permit. A Permit from the Building Inspector *must be issued* before commencing any work.

A handwritten signature in black ink, appearing to read "Greg Wunner".

Greg Wunner, Code Enforcement Officer



VILLAGE OF COLD SPRING

APPLICATION FOR PERMIT

January 1, 2015 (NO OLD APPLICATIONS WILL BE ACCEPTED)

Application is hereby made pursuant to the New York State Building Construction Code, the Zoning Laws of the Village of Cold Spring and the Cold Spring Village Code for a permit for:

- New Building Alteration to Existing Premise Addition to Existing Premise Gas
- Removal of Existing Fuel Tank Installation of New Fuel Tank Demolition of Existing Premise
- Installation of Fireplace, Wood Stove, Pellet Stove or Fireplace Insert Site Work Plumbing
- Other ~~.....~~ Swimming Pool Mechanical Equipment, Generator:

PROVIDE SPECIFIC DETAILS OF PROPOSED WORK IN # 5 BELOW

If a permit is granted, any work done thereunder will conform with the plans and specifications therefor submitted and with the layout &/or plot plan also herewith submitted and shall comply with all applicable laws, ordinances and regulations.

1. Owner: JOE ZAGAME JR Phone #: 352 536 0925
 Address: 26 MAIN ST #2, COLD SPRING, NY 10516
 E-Mail: joe.zagame@prescogroup.com

2. Applicant: GINA LARSON STOLLER Phone #: 401 374 4145
 Address: 26 MAIN ST #1, COLD SPRING, NY 10516
 E-Mail: gina@brassmonkey.creative.com

3. Property Tax Map Number:

4. Location of Property (GIVE SUFFICIENT DETAILS TO PERMIT READY IDENTIFICATION)
.....

5. The proposed use for which application is made:
Change of use - service to retail

6. LIST OF CONTRACTORS, PUTNAM COUNTY LICENSE & WORKER'S COMPENSATION DISABILITY INSURANCE FORMS MUST BE SUBMITTED BEFORE A BUILDING PERMIT WILL BE ISSUED.

State of New York, County of ss: being duly sworn says: I have read the foregoing application; that the statements and representations made therein are true and correct to the best of my knowledge and belief and I am authorized by the Premise Owner to make this application.

Gina Larson Stoller
(Signature of Applicant or Agent)

Sworn to before me thisday of
Notary Public, County

For Office use only: Reference No.

2024-04-019

1

PAID 4/30/24
\$75.00 Cash (JV)



VILLAGE OF COLD SPRING

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- Installation of Fireplace, Wood Stove, Pellet Stove or Fireplace Insert Site Work Plumbing
- Other Swimming Pool Mechanical Equipment, Generator:

PROVIDE SPECIFIC DETAILS OF PROPOSED WORK IN # 5 BELOW

If a permit is granted, any work done thereunder will conform with the plans and specifications therefor submitted and with the layout &/or plot plan also herewith submitted and shall comply with all applicable laws, ordinances and regulations.

1. Owner: JOE ZAGAME Phone #: 352 536 0925
 Address: 26 MAIN ST # 2, COLD SPRING, NY 10516
 E-Mail: joe.zagame@prescogroup.com
2. Applicant: GINA LARSON STOLLER Phone #: 401 374 4145
 Address: 26 MAIN ST #1 COLD SPRING, NY 10516
 E-Mail: gina@brassmonkeycreative.com
3. Property Tax Map Number: 48.12-1-57

4. Location of Property (GIVE SUFFICIENT DETAILS TO PERMIT READY IDENTIFICATION)

5. The proposed use for which application is made:

New sign for outside of building

6. LIST OF CONTRACTORS, PUTNAM COUNTY LICENSE & WORKER'S COMPENSATION DISABILITY INSURANCE FORMS MUST BE SUBMITTED BEFORE A BUILDING PERMIT WILL BE ISSUED.

State of New York, County of ss: being duly sworn says: I have read the foregoing application; that the statements and representations made therein are true and correct to the best of my knowledge and belief and I am authorized by the Premise Owner to make this application.

Gina Larson Stoller
(Signature of Applicant or Agent)

Sworn to before me thisday of
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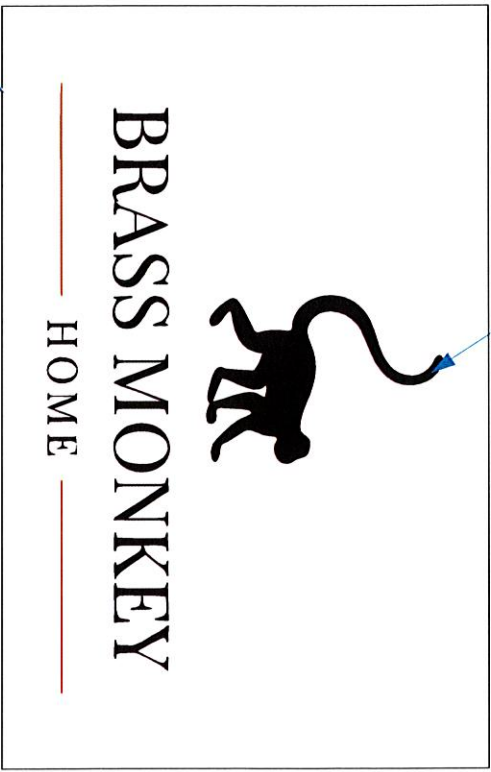
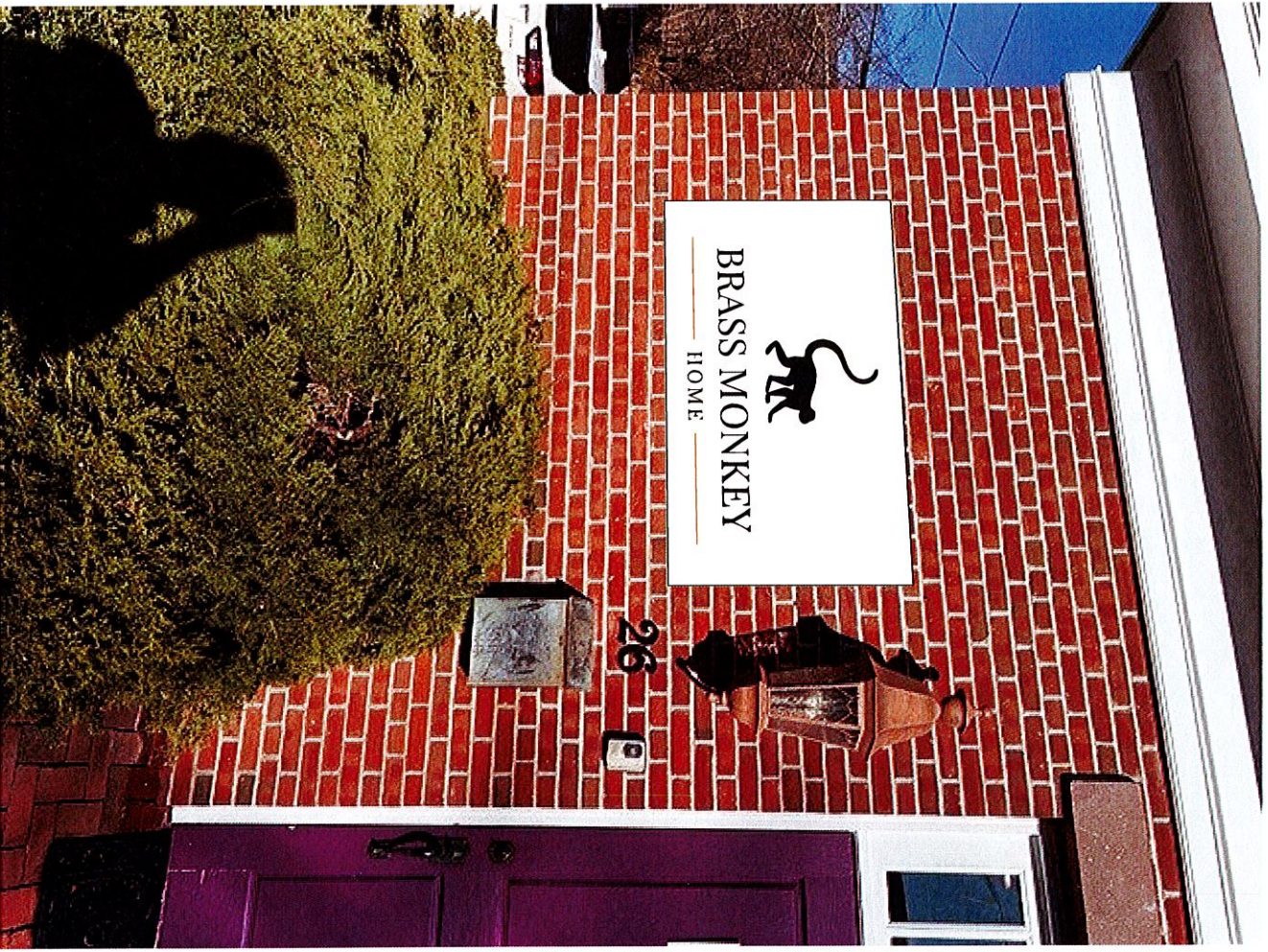
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1

Paid \$50⁰³
4/30/24 cash (P)



1/2" thick raised acrylic painted letters

1" thick aluminum panel background



3255 CROWPOND RD YORKTOWN NY 10598
914-739-9059 WWW.SIGNSINK.COM