

1/2" thick raised acrylic painted letters

1" thick aluminum panel background



3255 CROMPOND RD YORKTOWN NY 10598  
914-739-9059 WWW.SIGNSNK.COM



**BUILDING DEPT. REFERENCE #**

**ADDRESS OF PROPERTY**

\_\_\_\_\_

26 Main Street, Cold Spring NY 10516

**TAX MAP #**

**NAME(S) OF APPLICANT**

\_\_\_\_\_

Gina Larson-Stoller

\_\_\_\_\_

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

*Please complete the following information and submit six copies, along with compiled supporting materials (see checklist) and the required filing fee, by the last Monday of the month. With the exception of signs, applications for Certificates of Appropriateness cannot be submitted without a prior referral from the Building Inspector.*

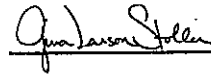
*If you have questions or need assistance completing this form, please contact the Village Clerk at 845-265-3611 or [vcsclerk@coldspringny.gov](mailto:vcsclerk@coldspringny.gov).*

*Incomplete applications or applications received after the deadline cannot be included in the monthly agenda.*

**Property Owner(s) / Applicant(s)**

**Signature**

Applicant: Gina Larson-Stoller



**Email Address**

**Telephone Number**

**Mailing Address**

[gina@brassmonkeycreative.com](mailto:gina@brassmonkeycreative.com)

401-374-4145

230 Croton Avenue

Cortlandt Manor, NY 10567

*\*If the Applicant is not the Property Owner, complete the attached Property Owner's Endorsement.*

**Project Narrative**

*Describe the work you propose in sufficient detail to communicate a clear sense of the project.*

Adding a sign to the front right facade of 26 Main Street.  
Sign will be 1" thick aluminum background with 1/2" thick raised acrylic painted letters

**FOR INTERNAL USE ONLY**

Date Received \_\_\_\_\_ Application Sequence Number \_\_\_\_\_

Application Fee Paid

HDRB Referral

Planning Board Referral

Building Inspector Referral

ZBA Referral



**BUILDING DEPT. REFERENCE #**

**ADDRESS OF PROPERTY**

26 Main Street, Cold Spring NY 10516

**TAX MAP #**

**NAME(S) OF APPLICANT**

Gina Larson-Stoller

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**DISCLOSURE OF OFFICIAL INTERESTS STATEMENT**

**A. Nature and Extent of Interest of any State Official or Municipal Officer or Employee in this Application:**

Not applicable

**B. Statement of no interest in any State Official or Municipal Officer or Employee in this Application:**

*The undersigned Applicant making this request certifies by signature on this Disclosure Statement that, in accordance with the Provisions of §809 of the General Municipal Law, except as stated in "A" above, no State Officer, or any officer or employee of the Village of Cold Spring or any municipality of which the Village is a part has any interest in the person or firm (partnership or association) making the above application.*

**Applicant**

**Title**

Gina Larson-Stoller

Owner & Creative Director

**Signature**

**Date**

*Gina Larson-Stoller*

5/3/2024



BUILDING DEPT. REFERENCE #

ADDRESS OF PROPERTY

\_\_\_\_\_

26 Main Street, Cold Spring NY 10516

TAX MAP #

NAME(S) OF APPLICANT

\_\_\_\_\_

Gina Larson-Stoller

\_\_\_\_\_

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**OWNER'S ENDORSEMENT**

*In the event that the applicant is not the legal property owner, please sign and return a notarized copy of this declaration along with your application.*

Joseph Zagame Jr., being duly sworn, deposes and says that (s) he resides at 26 Main St.  
Cold Spring, NY 10516 (owner's home address), in the County of Putnam,  
State of NY and that (s) he is (the owner in fee) or \_\_\_\_\_  
of the Corporation which is the owner in fee of the premises under review above and described in the  
foregoing application and that (s) he has authorized the applicant above to make the foregoing applica-  
tion as described herein and that (s) he agrees to be bound by all statements, conditions and representa-  
tions contained therein as if (s) he had so petitioned.

Property Owner Joseph Zagame Jr. Signature

joe.zagame@presco.com Joseph Zagame Jr.  
Email Address Telephone Number

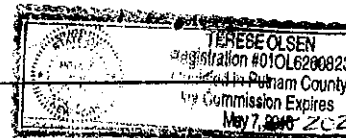
352-536-0925

Sworn to before me on this date

Notary Public of the State of New York

5/6/24

Terese Olsen





**BUILDING DEPT. REFERENCE #**

**ADDRESS OF PROPERTY**

\_\_\_\_\_

26 Main Street, Cold Spring NY 10516

**TAX MAP #**

**NAME(S) OF APPLICANT**

\_\_\_\_\_

Gina Larson-Stoller

\_\_\_\_\_

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

*Please complete the following information and submit six copies, along with compiled supporting materials (see checklist) and the required filing fee, by the last Monday of the month. With the exception of signs, applications for Certificates of Appropriateness cannot be submitted without a prior referral from the Building Inspector.*

*If you have questions or need assistance completing this form, please contact the Village Clerk at 845-265-3611 or [vcsclerk@coldspringny.gov](mailto:vcsclerk@coldspringny.gov).*

*Incomplete applications or applications received after the deadline cannot be included in the monthly agenda.*

**Property Owner(s) / Applicant(s)**

**Signature**

Applicant: Gina Larson-Stoller

*Gina Larson-Stoller*

**Email Address**

**Telephone Number**

**Mailing Address**

[gina@brassmonkeycreative.com](mailto:gina@brassmonkeycreative.com)

401-374-4145

230 Croton Avenue

Cortlandt Manor, NY 10567

*\*If the Applicant is not the Property Owner, complete the attached Property Owner's Endorsement.*

**Project Narrative**

*Describe the work you propose in sufficient detail to communicate a clear sense of the project.*

Adding a sign to the front right facade of 26 Main Street.  
Sign will be 36" tall and 48" wide  
Letters are about 7" each - logo is app 12" tall  
Sign is made from 1" thick aluminum background with 1/2" thick raised acrylic painted letters

**FOR INTERNAL USE ONLY**

Date Received \_\_\_\_\_ Application Sequence Number \_\_\_\_\_

Application Fee Paid

HDRB Referral

Planning Board Referral

Building Inspector Referral

ZBA Referral





**BUILDING DEPT. REFERENCE #**

**ADDRESS OF PROPERTY**

\_\_\_\_\_

26 Main Street, Cold Spring, NY 10516

**TAX MAP #**

**NAME(S) OF APPLICANT**

\_\_\_\_\_

Gina Larson-Stoller

\_\_\_\_\_

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**CONSENT TO SITE VISITS**

*To be completed by all applicants, and, if different, property owners.*

I, the undersigned, understand that in the normal course of adjudicating an application, it may be necessary for members of the HDRB to inspect, closely and in person, details of my property relevant to the application, during daylight hours. While all considerations will be made to arrange for specific, scheduled, on-site meetings, I understand that this may not always be possible in an effort to process all applications in a timely manner, and I consent to allowing HDRB board members to enter upon and pass through such property in order to inspect the project site, without prior notice and without my being present, to conduct such inspections for the duration of my application's review period. I further acknowledge that in the normal course of such a site visit, HDRB board members may take measurements, take photographs, or create drawings/sketches of property features and elements related to the application.

Applicant

Signature

Date

Gina Larson-Stoller

*Gina Larson-Stoller*

5/3/2024

Property Owner (if different)

Signature

Date

*Joseph Zagame Jr.*

Joseph Zagame Jr.

5-16-24