



Design Review

CVS

(Name of Project)

Sign - Application Requirements

Date Received

- ☐ Application Fee per Town of Davidson Fee Schedule
- ☐ Contact Information
- ☐ Project Description
(including General Statement of Intent)
- ☐ Statement of Compliance with Section 9
- ☐ Any Approved Sign Plan or Conditional Planning Area for Signs
(including all renderings, plans, and conditions of approval)
- ☐ Site and Building Plan Indicating the Location of all Signs
- ☐ Color Photos
(including existing and adjacent sites and building(s) showing signage taken from the perspective of the public streets adjacent to the site)
- ☐ List of all Existing Signs with their Location and Dimensions
- ☐ Color Photo of Building(s) with Proposed Sign(s) Superimposed
- ☐ Landscape Schematic Design in accordance with Section 8.6
- ☐ Representative Materials and Colors
- ☐ Proposed Lighting Type and Location
- ☐ Statement of Compliance with Planning Ordinance Section 14

As the applicant, I hereby confirm that all the required materials for this application are authentic and have been submitted to the Town of Davidson Planning Department.


Applicant's Signature

1/9/2018

Date



Design Review

(Name of Project)

Contact Information

Applicant's Information

Name: SHERRI HARTSELL

E-Mail: sherri@advantage-permits.com

Mailing Address: PO BOX 7364
CHARLOTTE, NC 28241

Business Phone: 704-791-9789 Mobile Phone: _____

Property Owner's Information

(If Different from Applicant)

Name: DAVIDSON TOWN CENTER LLC

E-Mail: _____

Mailing Address: 4011 ABINGDON RD
CHARLOTTE, NC 28211

Business Phone: _____ Mobile Phone: _____

Architect's Information

Name of Firm: _____

Architect's Name: _____

E-Mail: _____

Mailing Address: _____

Business Phone: _____ Mobile Phone: _____



Design Review

(Name of Project)

Sign - Project Description

Application Date: 1/9/2018

Project Location: 127 S MAIN ST
(Indicate street frontage, nearest intersection, and address, if assigned)

Tax Parcel(s): 00701321

Planning Area: _____

Planning Area Overlay District: Historic

Master or Conditional Plan: _____
(Include any conditions of approval)

General Statement of Intent: Replace wall signs for CVS

Project Details:

Project Type: ☐ individual sign ☐ multi-tenant building ☐ sign plan development

Sign Type: ☒ wall sign ☐ projecting sign ☒ hanging sign

☐ freestanding sign ☐ canopy/awning sign ☐ window/door sign

☐ building name ☐ sidewalk sign ☐ temporary sign

Other sign type: _____

Dimensions: 1'6" x 14'8" 2 wall signs 1 window sign

Square Footage: 2 wall signs 22.97 SQ FT, window 9.36 SQ FT

Height from grade: 15'

Sign materials: Aluminum

Lighting: none

Existing Signs, include signs to remain and signs to be removed:

replace existing wall signs (2)

Window sign for Minute clinic



Design Review

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Sign - Development Process

Date Completed

☐

Initial Meeting

☐

Application and Fee

☐

Design Review Board Preliminary Review, if applicable

☐

Planning Director Review for Compliance with Planning Ordinance

☐

Design Review Board Approval

☐

Sign Permit Approval



01/09/2018

via 2nd Day UPS

Davidson Town Center, LLC
c/o The Stephens Company
4011 Abingdon Road
Charlotte, NC 28211
(704) 334-3388

Re: CVS pharmacy #6402, 124 S. Main Street, Davidson, NC 28036

To Whom It May Concern:

As the result of a corporate rebranding effort, CVS pharmacy is planning to replace existing signs with our new logo as called out on the attached art proposal.

CVS pharmacy has awarded Icon to complete this work. Icon's contact can be reached via email: sjacks@iconid.com, or phone: (847-631-3117) should you have any questions regarding the proposed installation for the sign(s).

According to your Lease Agreement with CVS pharmacy your signed consent is needed for this type of work. Please indicate your consent to this project by signing and dating each page of the enclosed proposal and emailing it to Icon no later than 15 days from provide letter, as this project is time sensitive.

If you have any questions or concerns regarding this project, please do not hesitate to contact me at 401-770-3047, or email me at Karen.Rezuke@CVSHealth.com. Thank you in advance for your anticipated approval. We look forward to the completion of the sign rebranding at this location.

Sincerely,

Karen Rezuke

Karen Rezuke

Properties Programs and Strategy Administration, Sr. Consultant Exterior Branding



I hereby consent to this special project:

Louis C Stephens

(Print Name/Title)

Louis C. Stephens

(Authorized Signature)

1/11/18

(Date)