

CVS

Name of Project)

Sign - Application Requirements

Date Received						
		Application Fee per Town of Davidson Fee Schedule				
		Contact Information				
The state of the s		Project Description (including General Statement of Intent)				
Million and Astronomy and Astronomy		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.						
SA	en Ja	1/9/2018				
/	Appucant	t's Signature Date				



(Name of Project)

Contact Information

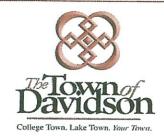
-		Applicant's Information
	Name:	SHERRI HARTSELL
The state of the s	E-Mail:	sherri@advantage-permits.com
and a series of the series of	Mailing Address:	PO BOX 7364
Constitution of the Party of th		CHARLOTTE, NC 28241
madicing and and property	Business Phone:	704-791-9789 Mobile Phone:
restrict the principles of		Property Owner's Information
And a find the second second	Name:	(If Different from Applicant) DAVIDSON TOWN CENTER LLC
Andread Control of the Control of th	E-Mail:	
	Mailing Address:	4011 ABINGDON RD
		CHARLOTTE,NC 28211
E	Business Phone:	Mobile Phone:
		Architect's Information
N	lame of Firm:	
A	rchitect's Name:	
E	-Mail:	
M	ailing Address:	
	_	
Bu	siness Phone:	Mobile Phone:



(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 D	District: Historic						
Master or Conditional Pl	an:						
	(Include any conditions of approval)						
General Statement of Inte	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 sign	Existing Signs, include signs to remain and signs to be removed:						
	replace existing wall signs (2)						
	Window sign for Minute clinic						



(Name of Project)

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
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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 CVSHealth I hereby consent to this special project: Tonis C. Stephens Louis C Stephens 1/11/18

(Authorized Signature)

(Date)

(Print Name/Title)