Job# - C2506100B

144 in

32 in

32" x 144" 3mm dibond panel
Vinyl graphics on face (single sided)
Sign will have visible seam due to size

Existing

eleVated SIGN SOLUTIONS
100 Lincoln Parkway East Rochester, NY 14445
(585) 381-2134
www.elevatedsignsolutions.com
sales@elevatedsignsolutions.com

Customer:
- Care a Lot

Address:
- 369 Philliips rd
Webster NY 41580

Start Date:
- 6/18/25

Revisions:
- flat panel 7/30/25

For approval only. Please review this proof to ensure all information is correct. If revisions are needed, please note changes on this document and send back. If approved, please sign and date below. Artwork is property of Elevated Sign Solutions.

V

Customer Approval _____ Date _____

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TOWN OF WEBSTER
SIGN PERMIT APPLICATION
PLANNING BOARD APPROVAL REQUIRED

Office (858) 872-7028 • Fax (585) 872-1352 • planning-zoning@websterny.gov

Applicant/Contact Person: 14580

Name: Care a lot Address: 369 Phillips rd, Webster NY

Phone: (585) 629-1202 E-mail: aSheppard@firstlearning.org

Contractor (if different than applicant):

Name: Elevated Signs Address: 100 lincoln Pkwy, East Rochester NY 14445

Phone: (585) 381-2134 E-mail: Comor@elevatedsignsolutions.com

Project / Sign Name Care a Lot

Project Address: 369 Phillips rd., Webster NY 14580

Type:		Quantity:
Attached	☒	#: 1
Free standing	☒	#: 1
Single Sided	☒	
Double Sided	☐	
Internally Lit	☒	
Externally Lit	☐	
No Lighting	☐	

SIGNAGE INFORMATION

Dimensions:
Building Façade Height: 49'
Building Façade Width: 220"
Bldg. Façade Area (sq. ft.): ~70

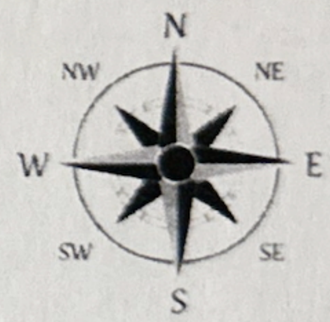
Sign Height: 32"
Sign Width: 144"
Total Sign Area (sq. ft.): 32'
Height from grade: 15'

Temporary Sign ☐

Permanent Sign ☒

(Planning Board approval is required for all permanent signs)

Direction(s) the sign will face (circle all that apply)



Description (sign type, colors, materials, illumination type/source, etc.) :

① 32"x12'w LED sign box mounted to bldg ② 45"x69"w dibond panel mounted to existing frame on road

By the signature below, on behalf of the applicant or owner, I hereby authorize representatives from the Town of Webster to enter the above referenced property, during normal hours, for the purpose of conducting inspections of the proposed construction/activity, as required by applicable law, rules, regulations ordinances and orders. I also certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of approval.

Andrew Sheppard 7/17/25

(Signature of Property Owner or Agent for Property Owner) **Date**

Office Use Only:

SBL #: _____ Zoning District: _____ Fee: _____ Paid by: Cash ☐ Check ☐

Permit is hereby granted under the following condition(s): _____

Approved by: _____ Application approved/modified by PB/ZBA on _____

NON-COLLUSION DISCLOSURE PURSUANT TO SECTION 350-104 OF THE WESTER ZONING ORDINANCE

TO WHOM IT MAY CONCERN:

No officer or employee of the State of New York, County of Monroe or Town of Webster has any financial interest in the land affected by or in the partnership making application for the project known as Care a Lot

(Project Name)

BY: _____

(Signature of Authorized Representative)

DATE: 7/8/25

Revised: 12/2024

Job# - C2506100A

45" x 69" 3mm dibond sign panel
vinyl graphics on face (single sided)
Remove existing panel and place overtop

Existing

elevated SIGN SOLUTIONS
100 Lincoln Parkway East Rochester, NY 14445
(585) 381-2134
www.elevatedsignsolutions.com
sales@elevatedsignsolutions.com

Customer:
- Care a Lot

Address:
- 369 Philliips rd
Webster NY 41580

Start Date:
- 6/18/25

Revisions:
- add website, phone, first learn

For approval only. Please review this proof to ensure all information is correct. If revisions are needed, please note changes on this document and send back. If approved, please sign and date below. Artwork is property of Elevated Sign Solutions.

V

Customer Approval _____ Date _____

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