

SIGN GRANT APPLICATION FORM

BUSINESS INFORMATION

1. Business Name: Beauty Hunters LLC
2. Business Contact Person: Oksana Bello Lanning
3. Mailing Address: 1425 Euler Rd, Brighton, 48114
4. Phone Number: 248-533-2055
5. Email: beautyhuntersllc@gmail.com

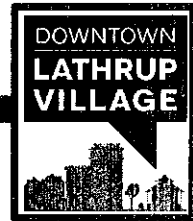
BUILDING / PROPERTY OWNER INFORMATION

6. Building Address: 26710 Southfield Rd, Lathrup Village, 48026
7. Building Owner: The Surnow Company LLC
8. Building Owner's Address: 320 Martin Street, Suite 100
9. Building Owner's Phone: 248-867-3304
10. Email: robk@surnow.com

11. The Following Items **Must** Be Provided: (check all enclosed items)

- ☒ a) Cost Estimate \$ 5,600⁰⁰
- ☒ b) Sign and/or Façade Design with all Specifications to include Dimensions, Colors, Materials, Location on Building and any other information that will assist us in reviewing your request
- ☒ c) Color Photo of the Building Sign including present Signage

12. Sign Type: ☒ Wall ☐ Monument ☐ Awning



SIGN GRANT REIMBURSEMENT REQUEST

Please submit the following information to the planning and development office once approved work is complete for grant reimbursement:

- This signed reimbursement request certification
- Copies of invoices stamped "paid" from all contractors, companies, individuals
- Proof of payment (limited to copies of canceled checks and/or credit card receipts)
- Digital photos of all building sign visible from the public right-of-way.

Certification

I, the undersigned, warrant that all representations of the application submitted under the program are true and accurate and that there has been no material change which would in itself or cumulatively with other events impair the profitable functioning of my business operation. All agreements, warranties and representations made to the City of Lathrup Village Downtown Development Authority are true at the time they were made and shall remain true at the time of submittal for reimbursement under the program. I will display the City of Lathrup Village Downtown Development Authority Sign Grant certification in public at my business/property for one year I understand that if the grant funded sign is removed within the three (3) years following grant approval for a business that is still operational, shall require the repayment to the DDA of Grant Funds expended. The City of Lathrup Village Downtown Development Authority may in its sole option cancel its assistance commitment either in whole or in part for failure to comply with the requirements of this grant program or applicable codes and regulations.

OKSANA BELLA LANNING
Applicant Name (print)

[Signature]
Applicant Signature

10/04/2021
Date

NAME OF BUSINESS

Beauty Hunters LLC

BUSINESS ADDRESS

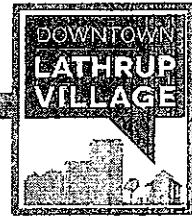
26710 Southfield Rd, Lathrup Village, 48076

MAILING ADDRESS (if different)

1425 Euler Rd, Brighton, MI, 48114

TELEPHONE

248-533-2055



SIGN GRANT PROGRAM APPLICANT AFFIRMATION & SIGNATURE FORM

The Undersigned Applicant Affirms and Understands That:

- a. The information submitted herein is true and accurate to the best of my knowledge.
- b. I have read and understand the Sign Grant Program Guidelines and the DDA Design Guidelines and agree to abide by these conditions.
- d. I understand that the proposed sign cannot be installed until the DDA reviews and acts upon this Sign Grant Program application.
- e. I understand that any changes made to the approved Sign without the approval of the DDA will be cause the DDA to withdraw its funding commitment.
- f. Any sign grantee that removes or replaces the sign within the first three years of receiving a grant, while the business is still in operation, shall be required to repay to the DDA the total amount of grant funds awarded.
- g. I understand that if the grant funded sign is removed within the three years following grant approval for a business that is still operational, shall require the repayment to the DDA of Grant Funds expended.
- h. The property owner and business owner shall indemnify, defend, and hold the Downtown Development Authority and the City of Lathrup Village, their affiliates, and their respective officers, directors, council, members, employees, agents, and other representatives harmless from and against all claims, losses, expenses, liabilities, demands, obligations, or damages of every kind and nature (including, without limitation, reasonable attorney fees and expenses) (Losses), arising out of or related to (i) any act or omission of property owner and business owner or (ii) any breach of this Agreement by the property owner and business owner relative to this grant.

Signature – Business Owner

Date

10/04/2021

Signature – Building/Property Owner

Date

10/7/2021



A HERITAGE OF GOOD LIVING

City of Lathrup Village
Building Department
27400 Southfield Rd

Phone (248) 557-2600
Fax: (248) 557-2602

Office Use Only

Application Date:

Permit #:

Building Official

Approved

Not Approved

Sign Permit Application

Sign Location:

26710 Southfield Rd, Lathrup Village, MI 48076 US

Business Information

Name: Beauty Hunters

License #:

Owner's Name: Bella Lanning

Phone: (248) 533-2055

Contractor Information

Name: Signarama - Randall Macdonald

Address: 4297 Miller Rd

City: Flint

Zip Code: 48507

Contractor's License #: 6111990

Phone: 810-230-6445

Sign Information

Type of Work	✓	Type of Sign	✓	Building Type	✓
Erect	1	Banner		Single Occupant Building	
Repair		Monument		Multi-Tenant with Shared Building Entrance	
Replace		Wall	1		
Alter		Canopy		Multi-Tenant with Individual Exterior Entrances	
Face Change Only		Village Center			X

Total Cost of Sign Including Fabrication & Installation: \$ 5,600

Required Information

Please Submit the Following:

- ☐ Two (2) detailed renderings showing dimensions, design, structure, and location of each particular sign
- ☐ Two (2) photographs of subject site
- ☐ Two (2) copies of building elevations which illustrate the position of the sign in relation to nearby buildings, structures, property lines, and right of way boundaries established by a submitted survey
- ☐ Insurance Policy or bond required by Ordinance
- ☐ Electrical permit (if necessary)
- ☐ Master Sign Plan for development (if a newly constructed or renovated building that houses more than one use)

Applicant Affidavit

I hereby certify that the above answers are correct and true and the above described sign will conform to the City of Lathrup Village Code and/or Ordinances regarding its erection, construction and maintenance. I also agree to repair any damage to public property and/or private property caused while erecting such sign(s).

Name: Randall MacDonald

Signature: *Randall MacDonald*

Office Use Only

Permit Fee \$ 110

Plan Review Fee \$

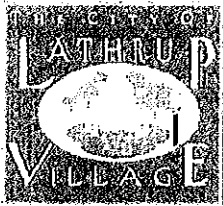
Inspection \$

Performance Bond \$

Total \$ 110

Variance Required? If so, describe below:

APPLICATION FOR ELECTRICAL PERMIT

Permit# **E**Date: **10 / 01 / 2021****Inspection Request Information**

Inspection can be scheduled
Mondays, Wednesdays, & Fridays
from 9 a.m.-12 p.m.
By Phone (248) 557-2600 ext 222
Or by Fax (248) 557-2602

Job Location: **26710 Southfield Rd, Lathrup Village, MI 48076** Building Permit #: _____Property Owner: **Beauty Hunters - Bella Lanning** Phone #: **248-533-2055**

This application when properly signed grants permission to:

Contractor Name: **Signarama - Randall Macdonald**Address: **4297 Miller Rd** City: **Flint**Zip: **48507** Phone #: **810-230-6445** Reg No.: _____

To Install Electrical Equipment as Listed Below, at Above Location

Item	No.	Fee	Item	No.	Fee
Lamps			Dryer		
Circuits Open/Concealed			New Service		
Water Heater			Attic Fan or Vent Fan		
Range			Temp. Service		
Signs	1	45	Change of Service		
Furnace Wiring			Motors		
Garbage Disposal			Air Conditioner		
Dishwasher			Registration		\$15.00
Sum Pump			Inspection		\$40.00

Ready for inspection? Yes ☐ No ☒Total Fee \$ **100****Permit Cancellation Refund**

Before Work Begins 50% permit fee returned
After Work Begins 0 permit fee returned

Public Act 135 of 1989 mandates the following information for all residential permits:Applicant License No.: **6111990** Expiration Date: **12/31/2021**

Worker's Disability Compensation Insurance Carrier or Reason Exemption: _____

Internal Revenue Code Employer ID# or Exemption Reason: **82-1195997**

Michigan Employment Security Comm. Employer # or Exemption Reason: _____

"Section 23a of the state construction codes act of 1972, Act No. 230 of Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on residential building for a residential structure. Violators of section 23a are subject to civil fines."

Applicant's Signature:  Date: _____



CONCEPT ART

9/27/2021

Date

Beauty Hunters - Channel Letters 1 - 9245 - 002

Customer Name - Product - Revision #

OPTION 3 (CHANNEL LETTERS FOR "BEAUTY" AND CAPSULE FOR "HUNTERS")

ALLOWED SQUARE FOOTAGE: 64 sq ft
PROPOSED SIGN: 62.81 sq ft



201 in

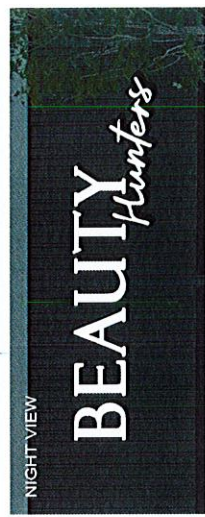
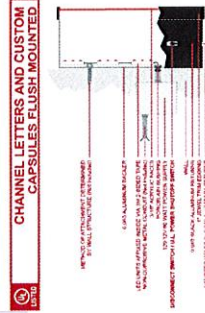
150.5 in

29 in

45 in

Hunters
84.75 in
26.5 in

COLOR SPECS			
VINYL 1	RETURN	EDGE CAPS	LED
BLACK	WHITE	BLACK	WHITE
ACRYLIC	WHITE		



APPROVAL STATES THAT CONTENTS OF THIS PROOF ARE CORRECT AND THE RESPONSIBILITY OF THE CLIENT

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PLEASE REVIEW

DIMENSION • LAYOUT
SPELLING • COLORS

Approval
Signature