

City of Franklin
City of Franklin Community Development Authority
May 10, 2022 8:30 PM City Hall

A Copy of the "Open Meetings Act" is posted in the Council Room
This Agenda can be changed up to 24 hours prior to meeting time per open meeting law.

The Board may enter into closed session to discuss any matter on this agenda when it is determined by the council that it is clearly necessary for protection of the public interest or the prevention of needless injury to the reputation of an individual and if such an individual has not requested a public meeting, or as otherwise allowed by law. A closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, the presiding officer immediately prior to the closed session shall restate on the record the limitation of the subject matter of the closed session.

It is the intention of the Board to take up the items on the agenda in sequential order. However, the Board reserve the right to take up matters in a different order to accommodate the schedules of the board members, persons having items on the agenda, and the public.

1. **Call the Meeting to Order and Roll Call**
2. **Verification of Open Meeting Act Notice posted at City Hall**
3. **Discussion and action items:**
 - 3.a. Discussion, action and review Wilson Flooring application
 - 3.b. Discussion, action and review Franklin Drug application
 - 3.c. Discussion, action and review Duncan, Walker, Schenker, and Daake, P.C., L.L.O. application
 - 3.d. Discussion and action and review Smiley Sweet Cakes application
 - 3.e. Discussion, action and review Senior Center application
4. **Adjourn**

GRANT PROGRAM APPLICATION

ITEM 1: PROGRAM

Mark one:

Residential Grant Program

Commercial Grant Program

ITEM 2: APPLICANT

Applicant Name: Sally Wilson

Mailing Address: 629 15th ave City: Franklin State: NE Zip: 68939

E-Mail: wilsonflooring@frontier.com Phone: 308-425-3322

ITEM 3: PROPERTY

Project Address: 629 15th ave

Property Owner: Sally Wilson Year Built: 1900

ITEM 4: EXISTING USE

Housing Type: _____ Occupancy: _____

Business: Wilson flooring + furnishings Years in Business: 12

ITEM 5: IMPROVEMENTS

Mark all that apply:

Façade Improvements

- Roof
- Signage/awning
- Windows/doors

Public Improvements

- Streets
- Curb/gutter
- Sidewalks

- Brick/exterior surface
- Exterior painting
- Exterior lighting
- Public utilities

Describe Proposed Project: Put up New Awning - Spray Roof New - New front door

Start Date of Project: As Soon as Product arrives Completion Date of Project: Hopefully June 1st

ITEM 6: FINANCIAL

Estimated Cost of Eligible Improvements: AWNING \$13,750.00, Roof 32,000, Door 8,858
Amount of Grant Request: \$15,000

||
total
\$54,608.00

ITEM 7: REQUIRED ATTACHMENTS

Attach the following documents:

- Bids/estimates for any/all work
- Drawings/plans for any/all work
- "Before" pictures of the property

ITEM 8: SIGNATURE

Applicant Signature: Sally Wilson Date: 04/01/2022

*Property Owner Signature: Sally Wilson Date: 04/01/2022

*Note: If the applicant is not the owner of the property, the property owner must sign the Application.

| FOR OFFICIAL USE | | |
|--------------------------------------|------------------------------|----------------------|
| Circle one: <u>APPROVED</u> DENIED | | |
| Approval Date: <u>5/10/2022</u> | Grant Award: <u>\$15,000</u> | |
| Notes and Special Conditions: | | |
| Signature: <u>Prophet Fajin</u> | Title: <u>City Clerk</u> | Date: <u>5/10/22</u> |



GRANT PROGRAM APPLICATION

ITEM 1: PROGRAM

Mark one:

Residential Grant Program

Commercial Grant Program

ITEM 2: APPLICANT

Applicant Name: Franklin Drug / Heather Ockinga

Mailing Address: 635 15th Ave City: Franklin State: NE Zip: 68939

E-Mail: Franklin Drug 308@gmail.com Phone: (308) 425-3004

ITEM 3: PROPERTY

Project Address: 635 15th Ave

Property Owner: Heather Ockinga Year Built: 1900

ITEM 4: EXISTING USE

Housing Type: _____ Occupancy: _____

Business: Pharmacy Years in Business: 4

ITEM 5: IMPROVEMENTS

Mark all that apply:

Facade Improvements

- Roof
- Signage/awning
- Windows/doors

Public Improvements

- Streets
- Curb/gutter
- Sidewalks

- Brick/exterior surface
- Exterior painting
- Exterior lighting
- Public utilities

Describe Proposed Project: Replace awning, extend + Replace windows
+ door for efficiency

Start Date of Project: 02/1/22 Completion Date of Project: _____

ITEM 6: FINANCIAL

Estimated Cost of Eligible Improvements: \$ 21,850

Amount of Grant Request: \$ 10,925

ITEM 7: REQUIRED ATTACHMENTS

Attach the following documents:

- Bids/estimates for any/all work
- Drawings/plans for any/all work
- "Before" pictures of the property

ITEM 8: SIGNATURE

Applicant Signature: Heath R Ochy Date: 4/22/22

*Property Owner Signature: Heath R Ochy Date: 4/22/22

*Note: If the applicant is not the owner of the property, the property owner must sign the Application.

| FOR OFFICIAL USE | | |
|-------------------------------|--------------|------|
| Circle one: APPROVED DENIED | | |
| Approval Date: | Grant Award: | |
| Notes and Special Conditions: | | |
| Signature | Title | Date |

"Before"



- ① New Awning
- ② Repair/Replace Roof
- ③ Replace windows



- Replace windows + door to become more energy efficient
- Replace awning, to be more appealing for main street



363 N. Elm GRAND ISLAND, NE. 68801-4650
 Phone: (308) 384-6335 Fax: (308) 384-0483

PROPOSAL:

Date:

| <u>Customer Information</u> Name: Address: City, State, Zip | | <u>Job Location</u> Or Ship To Address | | <u>Billing Address</u> Name: Address: City, State, Zip | |
|--|--------------|--|--------------|--|--|
| Franklin Drug 635 15 th Ave Franklin NE 68939 | | Franklin Drug 635 15 th Ave Franklin NE 68939 | | Franklin Drug 635 15 th Ave Franklin NE 68939 | |
| Customer Phone: | 308-425-3004 | Customer Fax: | 308-425-3005 | Franklindrug308@gmail.com | |

TRICITY SIGN COMPANY will furnish buyer with one or more hereinafter described signs according to drawing number _____ and according to the terms and conditions hereunder.

Manufacture and install (1) 4' x 6' x 23' 2" non-illuminated awning with black cooley material, with white letter copy to read: "Franklin Drug"; Frame is of 1" Square tube

Price \$ 4,125.00 Plus sales tax and permits

- A 3% convenience fee for any credit or debit card transactions
- 50% down payment, balance due upon completion
- Final electrical hook up to be completed by others
- Sales Tax Status: Taxable _____ Exempt _____ Sales Tax # _____ State _____

All signs are custom built products and, at the option of seller, require payment in advance with order. Installation price is due upon installation. It is the responsibility of the purchaser to provide electrical power to the sign and to provide the final hookup.

NOTE: This proposal may be withdrawn by us if not accepted within _____ days. This Contract with all conditions as noted, is herewith accepted by both parties.

 Sales Representative
 TRI-CITY SIGN COMPANY

 Purchaser
 By _____

By Tim Marchese
 Title President

Title _____
 Guaranteed By _____
 Acceptance Date _____

GRANT PROGRAM APPLICATION

ITEM 1: PROGRAM

Mark one:

Residential Grant Program

Commercial Grant Program

ITEM 2: APPLICANT

Applicant Name: Duncan, Walker, Schenker & Daake, P.C., L.L.O.

Mailing Address: P.O. Box 207 City: Franklin State: NE Zip: 68939

E-Mail: henry.schenker@gmail.com Phone: 308-425-6273

ITEM 3: PROPERTY

Project Address: 702 15th Avenue, Franklin, NE 68939

Property Owner: Douglas R. Walker (1/3), Henry C. Schenker (1/3), Year Built: 1900

Jaclyn N. Daake (1/3)

ITEM 4: EXISTING USE

Housing Type: Commercial, formerly Franklin State Bank Occupancy: Applicant

Business: Law Office Years in Business: 55+ years

ITEM 5: IMPROVEMENTS

Mark all that apply:

Facade Improvements

- Roof
 Signage/awning
 Windows/doors

Public Improvements

- Streets
 Curb/gutter
 Sidewalks

- Brick/exterior surface
- Exterior painting
- Exterior lighting
- Public utilities

Describe Proposed Project: Replace Front Double Door w/ Single Door for
Greater Energy Efficiency while preserving glass look, replace side glass
door and side glass window

Start Date of Project: 8/1/2022 Completion Date of Project: 10/1/2022

ITEM 6: FINANCIAL

Estimated Cost of Eligible Improvements: \$11,320.46

Amount of Grant Request: \$5,660.23

ITEM 7: REQUIRED ATTACHMENTS

Attach the following documents:

- Bids/estimates for any/all work
- Drawings/plans for any/all work
- "Before" pictures of the property

ITEM 8: SIGNATURE

Applicant Signature: Henry C. Schenker Date: 5/2/2022

*Property Owner Signature: Henry C. Schenker Date: 5/2/2022

*Note: If the applicant is not the owner of the property, the property owner must sign the Application.

| FOR OFFICIAL USE | | |
|-------------------------------|--------------|------|
| Circle one: APPROVED DENIED | | |
| Approval Date: | Grant Award: | |
| Notes and Special Conditions: | | |
| Signature | Title | Date |



**HOWARD'S
GLASS**

COMMERCIAL • RESIDENTIAL

318 N. ST. JOSEPH HASTINGS, NE.

402-462-5165

April 29, 2022

Duncan, Walker, Schenker & Daake
PO Box 207 / 702 15th Ave
Franklin, NE 68939

**RE: REPLACEMENT DOORS AND FRAMES
NORTH WINDOW**

We propose to furnish and install the following:

1 - 94" x 141" Door opening (West main entrance)

Manko 3/6 x 8/0 wide stile door and frame - with transom

Continuous hinge, Dead bolt lock with exterior cylinder, weatherstrip, threshold,

Door sweep, door closer

Manko 2450CG sidelite framing with thermal break

Clear anodized Aluminum finish

1" Clear Low E insulating glass - tempered where required

\$8,236.42 (material, labor and tax)

1 - 39" x 85" Door opening (North)

Manko **Special width / special height** wide stile door and frame - no transom

Continuous hinge, Dead Bolt lock with exterior cylinder, weatherstrip, threshold,

Door sweep, door closer

Clear anodized aluminum finish

1" Clear Low E insulating tempered glass

\$3,418.11 (material, labor and tax)

1 - 94" x 85 3/4" Door opening (West main entrance with no transom)

Manko 3/6 x 7/0 wide stile door and frame - no transom

Continuous hinge, dead lock with exterior cylinder, weatherstrip, threshold,

Door sweep, door closer

Manko 2450CG sidelite framing with thermal break

Clear Anodized aluminum finish

1" Clear Low E insulating glass - tempered where required

\$6,318.63 (material, labor and tax)

1 - 73 1/4" x 58" Fixed window (North)

Manko 2450CG Storefront framing with thermal break

Clear Anodized aluminum finish

1" Clear Low E insulating unit

\$1,583.72 (material, labor and tax)

Please do not hesitate to call should you have any questions or if I may be of further assistance.

Sincerely,

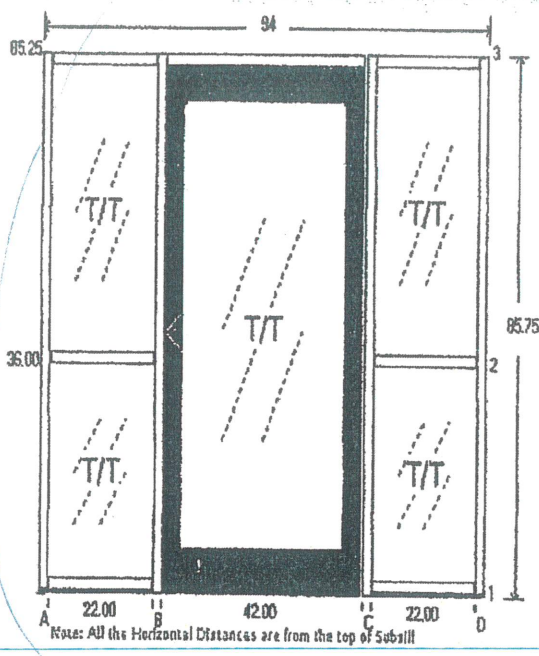
Brad S Schutte
Howard's Glass LLC











Series: 2450CG
Finish: CLEAR

Door Series: 150
Frame Series: 1450

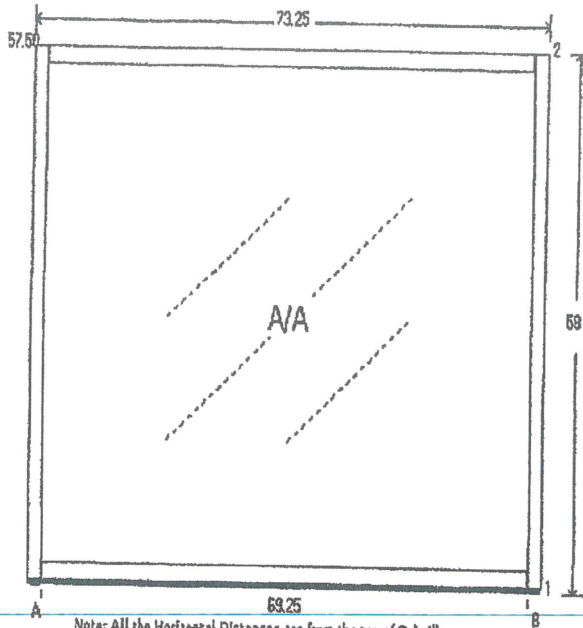
Front Door

Elevation: A01

Qty: 1

Series: 2450CG

Finish: CLEAR

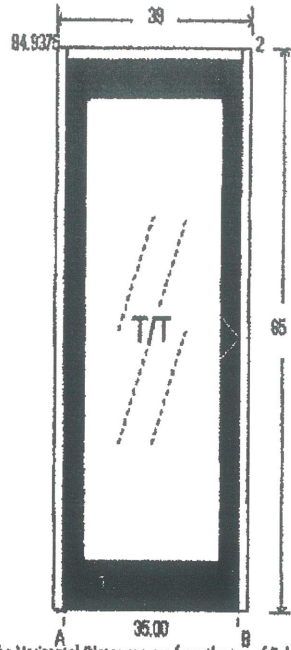


Side Window

Note: All the Horizontal Distances are from the top of Sub sill

Series: 1450
Finish: CLEAR

Door Series: 150



Note: All the Horizontal Distances are from the top of Sill

North Door



GRANT PROGRAM APPLICATION

ITEM 1: PROGRAM

Mark one:

- Residential Grant Program Commercial Grant Program

ITEM 2: APPLICANT

Applicant Name: Charpinya "Fah" Bislow
 Mailing Address: 301 16th AVE City: Franklin State: NE Zip: 68939
 E-Mail: fah.bislow@gmail.com Phone: 308 4700461

ITEM 3: PROPERTY

Project Address: 610 15th AVE
 Property Owner: Charpinya + Chase Bislow Year Built: 1925

ITEM 4: EXISTING USE

Housing Type: COMMERCIAL / BAKERY Occupancy: N/A
 Business: SMILEY SWEET CAKES Years in Business: 2

ITEM 5: IMPROVEMENTS

Mark all that apply:

Façade Improvements

- Roof
 Signage/awning
 Windows/doors

Public Improvements

- Streets
 Curb/gutter
 Sidewalks

- Brick/exterior surface
- Exterior painting
- Exterior lighting
- Public utilities

Describe Proposed Project: AWNING IN FRONT OF BUILDING
WITH SIGNAGE.

Start Date of Project: 5/2/22 Completion Date of Project: AUG 2022

ITEM 6: FINANCIAL

Estimated Cost of Eligible Improvements: \$5,875.00 = \$6,256.81

Amount of Grant Request: ~~\$6,000.00~~ \$3,284.3

ITEM 7: REQUIRED ATTACHMENTS

Attach the following documents:

- Bids/estimates for any/all work
- Drawings/plans for any/all work
- "Before" pictures of the property

ITEM 8: SIGNATURE

Applicant Signature: _____ Date: _____

*Property Owner Signature: [Signature] Date: 5/2/22

*Note: If the applicant is not the owner of the property, the property owner must sign the Application.

| FOR OFFICIAL USE | | |
|-------------------------------|--------------|------|
| Circle one: APPROVED DENIED | | |
| Approval Date: | Grant Award: | |
| Notes and Special Conditions: | | |
| Signature | Title | Date |



363 N. Elm GRAND ISLAND, NE. 68801-4650
 Phone: (308) 384-6335 Fax: (308) 384-0483

PROPOSAL:12205

Date: 5/2/2022

Customer Information

Job Location

Billing Address

Name; Address; City, State, Zip

Or Ship To Address

Name; Address; City, State, Zip

| | | | | | |
|--|--|--|--|--|--|
| Smiley Sweet Cakes 610 15 th Ave Franklin, NE | | Smiley Sweet Cakes 610 15 th Ave Franklin, NE | | Smiley Sweet Cakes 610 15 th Ave Franklin, NE | |
| Customer Phone | | Customer Fax | | Email: chase.bislow@plantpioneer.com | |

TRICITY SIGN COMPANY will furnish buyer with one or more hereinafter described signs according to drawing number _____ and according to the terms and conditions hereunder.

Manufacture and install (1) 4' x 8' x 23' store front awning. Awning to be mounted to fascia using proper hardware and fasteners. Face material is of black cooley, material is eradicated black to white.

Price \$5,875.00 Plus Sales Taxes and Permits

In the event of excavating the pole sign footing hole, if there is rock, excessive debris and rock, unstable soil that will require additional excavation, hauling and forming for the concrete footing, additional engineering, rebar and concrete, all work will proceed on a time and material basis until the poles are set and footing is poured.

- A 3% convenience fee for any credit or debit card transactions
- 50% down payment, balance due upon completion
- Final electrical hook up to be completed by others
- Sales Tax Status: Taxable _____ Exempt _____ Sales Tax # _____ State _____

All signs are custom built products and, at the option of seller, require payment in advance with order. Installation price is due upon installation. It is the responsibility of the purchaser to provide electrical power to the sign and to provide the final hookup.

NOTE: This proposal may be withdrawn by us if not accepted within _____ days. This Contract with all conditions as noted, is herewith accepted by both parties.

Sales Representative

Purchaser

TRI-CITY SIGN COMPANY

By _____

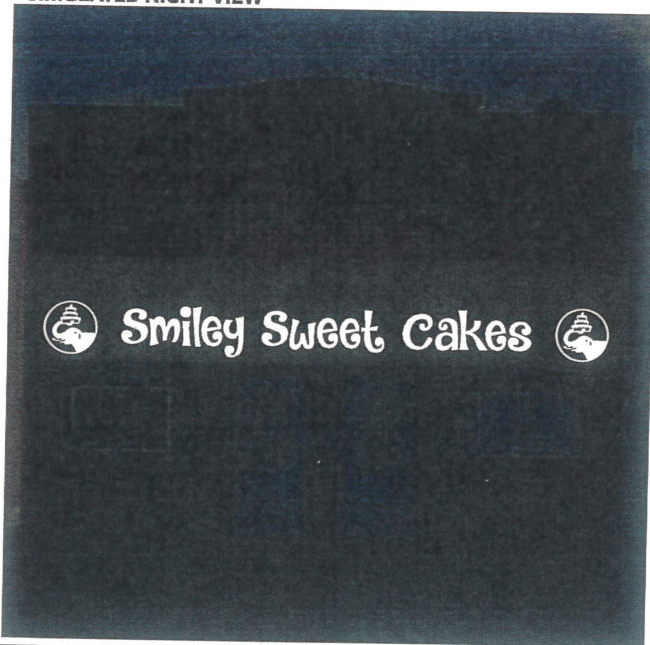
By Tim Marchese
Title President

Title _____
Guaranteed By _____
Acceptance Date _____





SIMULATED NIGHT VIEW



AWNING DISPLAY

FRAME: 1"x 1"x 1/8" ALUM. Sq. TUBE FRAME.
SKIN/COLOR: BLACK COOLEY SUBSTRATE.
GRAPHICS: ERADICATED TO WHITE.
DIFFUSER: WHITE EGG CRATING.
ILLUMINATION: WHITE LED MODULES.

INSTALLATION:

AWNING IS TO BE MOUNTED TO FASCIA USING PROPER HARDWARE AND FASTENERS (NON-CORROSIVE). 14GA. Z-CLIPS - #12 SELF TAPPING TEKs 3/16" 0x1 1/2" TAP CONS TO EXISTING FASCIA.

NOTE:
 FIELD SURVEY REQUIRED PRIOR
 TO FABRICATION OF SIGN

PROPOSED



TRI-CITY
 SIGN COMPANY
 DESIGNING YOUR FUTURE...

363 N Elm Street 800.339.4779
 Grand Island, NE 68801 tricitysign.com
 © 2007 TRI-CITY SIGN COMPANY

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 ORIGINAL IS SOLE PROPERTY OF TRI-CITY SIGN COMPANY AND CANNOT BE DUPLICATED, REPRODUCED, COPIED
 OR EXHIBITED IN PART OR WHOLE WITHOUT OBTAINING WRITTEN CONSENT FROM TRI-CITY SIGN COMPANY.

SALESPERSON: Tim Marchese

DRAWN BY: Sean Cornett

DRAWING #: 22715

Approved By:

Smiley
 Sweet Cakes

610 15th Ave.
 Franklin, NE 68939

Date: 18 Apr 2022

Revised:

This sign is intended to be
 installed in accordance with the
 requirements of Article 600 of the
 National Electric Code and/or
 other applicable local codes. This
 includes proper grounding and
 bonding of the sign.

UL LISTED

NOTICE:
 ALL GRAPHIC REPRODUCTIONS ARE SUBJECTED
 BY APPROVAL OF AUTHORIZED CLIENT, AS OF
 APPROVAL BY THE UNDERSIGNED AND DATED
 PRIOR TO ANY FABRICATION OF PRODUCT.
 TRI-CITY SIGN COMPANY HOLDS ALL
 AGREEMENTS FINAL AND TO CLIENT APPROVAL.

Signed _____ Date _____
 Sales Rep. _____ Date _____

GRANT PROGRAM APPLICATION

ITEM 1: PROGRAM

Mark one:

Residential Grant Program

Commercial Grant Program

ITEM 2: APPLICANT

Applicant Name: Franklin County Senior Citizens Services, Inc.

Mailing Address: P.O. Box 263 621 15th Ave City: Franklin State: NE Zip: 68939

E-Mail: 48twmoore@gmail.com Phone: 308-425-3724

ITEM 3: PROPERTY

Project Address: 621 15th Ave Franklin NE 68939

Property Owner: Franklin County Senior Citizens Services, Inc. Year Built: 1925

ITEM 4: EXISTING USE

Housing Type: _____ Occupancy: _____

Business: Nutrition Center for the Elderly & Disabled Years in Business: 47 years

ITEM 5: IMPROVEMENTS

Mark all that apply:

Facade Improvements

- Roof
 Signage/awning
 Windows/doors

Public Improvements

- Streets
 Curb/gutter
 Sidewalks

- Brick/exterior surface
- Exterior painting
- Exterior lighting
- Public utilities

Describe Proposed Project: 2 Awnings for front of the South building

Start Date of Project: July 2022 Completion Date of Project: _____

ITEM 6: FINANCIAL

Estimated Cost of Eligible Improvements: \$9600.00 + ^{plus tax} \$10224.00 total

Amount of Grant Request: ~~_____~~ \$5112.00

ITEM 7: REQUIRED ATTACHMENTS

Attach the following documents:

- Bids/estimates for any/all work
- Drawings/plans for any/all work
- "Before" pictures of the property

ITEM 8: SIGNATURE

Applicant Signature: David Moore Director Date: 4-29-22

*Property Owner Signature: Ruth E Jackson 1/President Date: 4-29-22

*Note: If the applicant is not the owner of the property, the property owner must sign the Application.

| FOR OFFICIAL USE | | |
|-------------------------------|--------------|------|
| Circle one: APPROVED DENIED | | |
| Approval Date: | Grant Award: | |
| Notes and Special Conditions: | | |
| Signature | Title | Date |



363 N. Elm GRAND ISLAND, NE. 68801-4650
Phone: (308) 384-6335 Fax: (308) 384-0483

PROPOSAL:12203

Date: 4/29/2022

Customer Information

Job Location

Billing Address

Name; Address; City, State, Zip

Or Ship To Address

Name; Address; City, State, Zip

| | | | | |
|---|--|---|--|---|
| Sila Moore 308-425-3724 48twmoore@gmail.com | | Franklin Senior Center 621 15 th Ave Franklin NE 68939 | | Franklin Senior Center 621 15 th Ave Franklin NE 68939 |
| Customer Phone | | Customer Fax | | Email: |

TRICITY SIGN COMPANY will furnish buyer with one or more hereinafter described signs according to drawing number _____ and according to the terms and conditions hereunder.

Manufacture and install (2) two non-illuminated awnings 4' x 2'2" x 24' and 23'
Awnings are covered with Black Cooley material with 'FRANKLIN SENIOR CENTER' eradicated to white.

Price..... \$9,600.00 Plus Sales Taxes and Permits if applicable

In the event of excavating the pole sign footing hole, if there is rock, excessive debris and rock, unstable soil that will require additional excavation, hauling and forming for the concrete footing, additional engineering, rebar and concrete, all work will proceed on a time and material basis until the poles are set and footing is poured.

• A 3% convenience fee for any credit or debit card transactions

• 50% down payment, balance due upon completion

• Final electrical hook up to be completed by others

• Sales Tax Status: Taxable Exempt Sales Tax # _____ State NE

All signs are custom built products and, at the option of seller, require payment in advance with order. Installation price is due upon installation. It is the responsibility of the purchaser to provide electrical power to the sign and to provide the final hookup.

NOTE: This proposal may be withdrawn by us if not accepted within _____ days. This Contract with all conditions as noted, is herewith accepted by both parties.

Sales Representative

Purchaser

TRI-CITY SIGN COMPANY

By _____

By Tim Marchese

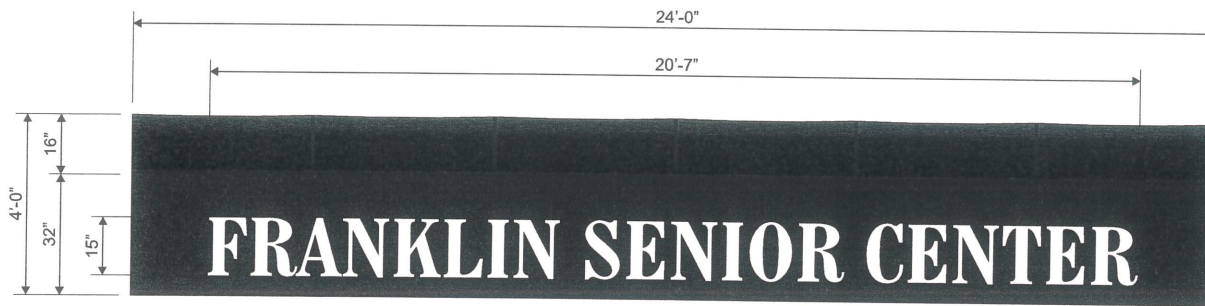
Title _____

Title President

Guaranteed By _____

Acceptance Date _____

ILLUMINATED AWNING DISPLAY
SCALE: 3/8" = 1'-0"

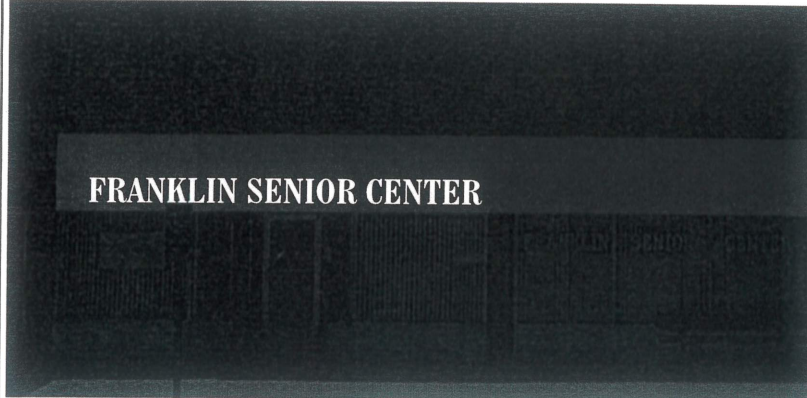


AWNING DISPLAY

FRAME: 1"x1"x1/8" ALUM. Sq. TUBE FRAME.
SKIN/COLOR: BLACK COOLEY SUBSTRATE.
GRAPHICS: ERADICATED TO WHITE.
DIFFUSER: WHITE EGG CRATING.
ILLUMINATION: WHITE LED MODULES.

INSTALLATION:
AWNING IS TO BE MOUNTED TO FASCIA USING PROPER HARDWARE AND FASTENERS (NON-CORROSIVE), MGA Z-CLIPS - #12 SELF TAPPING TEKs 3/16" O x 1 1/2" TAP CONS TO EXISTING FASCIA.

SIMULATED NIGHT VIEW



PROPOSED



TRI-CITY
SIGN COMPANY
DESIGNING YOUR FUTURE...

363 N Elm Street
Grand Island, NE 68801
© 2007 TRI-CITY SIGN COMPANY

SALESPERSON: Tim Marchese

DRAWN BY: Sean Cornett

DRAWING #: 22769

Approved By:

FRANKLIN
SENIOR CENTER

621 15th Ave.
Franklin, NE 68939

Date: 27 Apr 2022

Revised:

This sign is intended to be installed in accordance with the requirements of Article 600 of the National Electric Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.

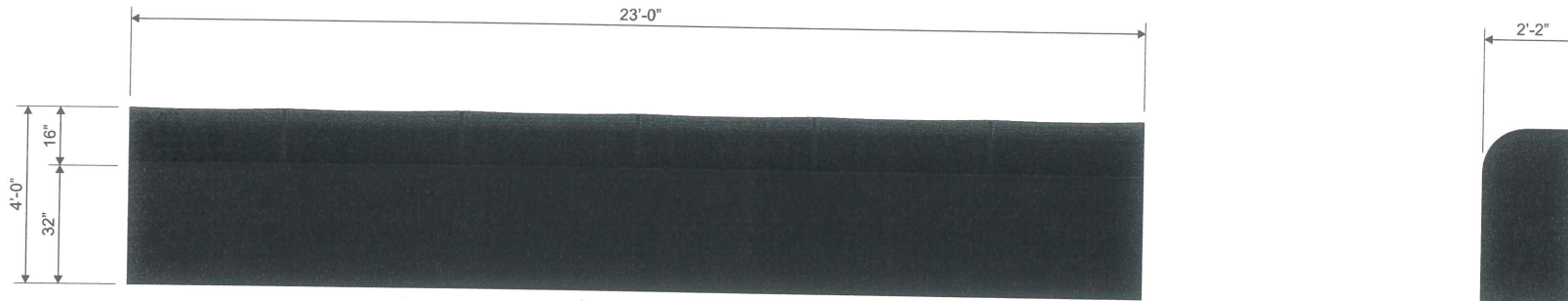


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Signed _____ Date _____
Sales Rep. _____ Date _____

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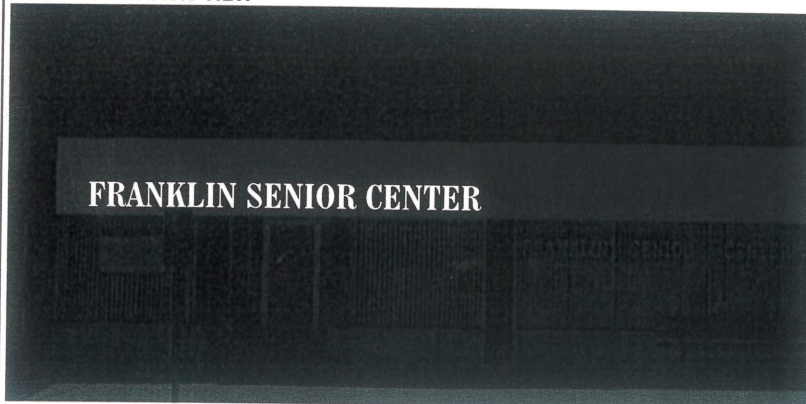
ILLUMINATED AWNING DISPLAY
SCALE: 3/8" = 1'-0"



AWNING DISPLAY

FRAME: 1"x1"x1/8" ALUM. Sq. TUBE FRAME
SKIN/COLOR: BLACK COOLEY SUBSTRATE
GRAPHICS: ERADICATED TO WHITE
DIFFUSER: WHITE EGG CRATING
ILLUMINATION: WHITE LED MODULES
INSTALLATION:
 AWNING IS TO BE MOUNTED TO FASCIA USING PROPER HARDWARE AND FASTENERS (NON-CORROSIVE) 1/4GA. Z-CLIPS - #12 SELF TAPPING TEKs 3/16" Ø x 1 1/2" TAP CONS TO EXISTING FASCIA

SIMULATED NIGHT VIEW



PROPOSED



TRI-CITY
SIGN COMPANY
DESIGNING YOUR FUTURE...

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SALESPERSON: Tim Marchese

DRAWN BY: Sean Cornett

DRAWING #: 22770

Approved By:

FRANKLIN
SENIOR CENTER

621 15th Ave.
Franklin, NE 68939

Date: 27 Apr 2022

Revised:

This sign is intended to be installed in accordance with the requirements of Article 500 of the National Electric Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.



NOTICE:
ALL GRAPHIC REPRODUCTIONS ARE SUBJECT TO APPROVAL OF AUTHORIZED CLIENT AS OF APPROVAL BY THE UNDERSIGNED AND DATED PRIOR TO ANY FABRICATION OF PRODUCT. TRI-CITY SIGN COMPANY HOLDS ALL AGREEMENTS FINAL AND TO CLIENT APPROVAL.
Signed _____ Date _____
Sales Rep. _____ Date _____