

TOWN OF WAPPINGER

PLANNING BOARD

Architectural Review Only
No Escrow Fees Taken

PROJECT NAME: Acala Tattoo Collective Signage

MEETING DATE: April 7, 23025

ACCOUNT NUMBER: 25-3512

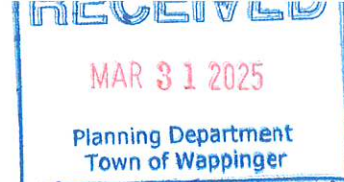
DATE PREPARED: March 31, 2025

☒ **SITE PLAN** ☐ **SPECIAL USE PERMIT** ☐ **SUBDIVISION**

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

1 TOWN FILE
7 TOWN OF WAPPINGER PLANNING BOARD
1 ENGINEER TO THE TOWN
1 PLANNER TO THE TOWN
1 ATTORNEY TO THE TOWN
HIGHWAY SUPERINTENDENT
FIRE PREVENTION BUREAU
RECREATION
TOWN OF WAPPINGER TOWN BOARD
DUTCHESS COUNTY DEPT. OF PLANNING
NEW YORK STATE DEPT. OF TRANSPORTATION
DUTCHESS COUNTY DEPT. OF HEALTH
DUTCHESS COUNTY SOIL & WATER
NYS DEPT OF D.E.C
TOWN OF FISHKILL PLANNING BOARD
TOWN OF EAST FISHKILL PLANNING BOARD
TOWN OF LAGRANGE PLANNING BOARD
VILLAGE OF WAPPINGER PLANNING BOARD
BUILDING INSPECTOR
1 ZONING ADMINISTRATOR-BARBARA ROBERTI

***** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW*****



TOWN OF WAPPINGER PLANNING BOARD

Application No. 25-3512

Date Received: 3-31-25

Fee Received: \$250.00

APPLICATION FOR ARCHITECTURAL REVIEW

TITLE OF PROJECT: Acala Tattoo Collective Signage

Location of Property: 2 Chelsea Ridge Mall Fl. 2

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

2 Chelsea Ridge Mall Fl 2 Wappingers Falls NY 12590
Street Town State Zip
Brian Faulk 631-512-3226 NA
Contact Person Phone Number Fax Number

NAME & ADDRESS OF OWNER (Corporation or Individual):

29 Surrey Ln Apt F Wappingers NY 12590
Street Town State Zip
Brian Faulk 631-512-3226
Contact Person Phone Number Fax Number

Grid No. 6056-02-635539

Please specify use or uses of building.

Existing Design: Blank siding on parking lot facing wall.

Proposed Change to exterior of building or Signage: Add a 10' x 3' 3/4"
hand painted wooden sign to allow clients to find us.

Materials to be used: 10' x 3' 3/4 Inch MDO wood. Fasteners as to
be determined by installer.

Proposed cost of construction: \$1400

Zoning District: NB Acreage: 0

Existing No. of Parking Spaces: _____ Proposed No. of Parking Spaces: _____

Acala Tattoo Collective dba Brian Faulk Tattoo, LLC.
Type Name (Corporation, LLC, Individual, etc.)

3/30/25
Date
631-512-3226
Owner's Telephone No.

[Signature]
Owner or representative's signature
Brian Faulk Owner
Type Name and Title ***
2 Chelsea Ridge Mall Fl 2 Wappingers NY 12590
Owner's Address

***If this is a Corporation or LLC please provide documentation of authority to sign.

TOWN OF WAPPINGER PLANNING BOARD
ARCHITECTURAL REVIEW

Appl. #: _____

Date: _____

PROJECT: Acala Tattoo Collective Signage

LOCATION: 2 Chelsea Ridge Mall Fl 2 Town Of Wappinger, NY 12596

DATE OF PLANNING BOARD MEETING: 4/7/25

PROJECT CONSISTS OF THE FOLLOWING:

We plan on attaching a 10'x3' 3/4 inch
piece of MDO board which has been beautifully & meticulously
painted by a well known artisan. A third party will install
the sign to the parking lot facing (Northern) side of the building
to allow our clients to spot us when commuting.

APPROVED: _____

DENIED: _____

MOTION MOVED BY: _____

SECOND BY: _____

CONDITIONS:

BEA OGUNTI, SECRETARY
TOWN OF WAPPINGER PLANNING BOARD

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH 845-297-6256
Fax 845-297-0579

Owner Consent Form

Project No: 25-3512

Date: 3/27/25

Grid No.: 6056-02-635539

Zoning District: NB

Location of Project:

Chelsea Ridge Apts at 2 Chelsea Ridge Mall Wappingers Falls NY

Name of Applicant:

Chelsea DHC LLC for permit regarding sign for Acala Tattoo Collective

Print name and phone number

Description of

Project: installation of sign for commercial space
located at 2 Chelsea Ridge mall. Sign will be for
Acala Tattoo Collective

Chelsea DHC LLC, owner of the above land/site/building
hereby give permission for the Town of Wappinger to approve or deny the above application in
accordance with local and state codes and ordinances.

3/27/25
Date

Jessie Albert
Owner's Signature

518-465-4500
Owner's Telephone Number

Jessie Albert, Authorized Rep
Print Name and Title ***

*** If this is a Corporation or LLC, please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the deed.