



BUILDING DEPARTMENT
 VILLAGE OF GREENPORT
 236 Third Street, Greenport, NY 11944

HISTORIC PRESERVATION COMMISSION REVIEW

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

PURSUANT TO THE PROVISIONS OF CHAPTER 48
 HISTORIC PRESERVATION LAW OF THE VILLAGE OF GREENPORT

DATE OF APPLICATION: 02-24-2026

LOCATION OF PROPERTY: 140B Main St, Greenport NY 11944

SUFFOLK COUNTY TAX MAP NUMBER: 1001-005.00-03.00-018.000

PROPERTY OWNER: Mark Carlos

ADDRESS: 140 Main St, Greenport NY 11944 PHONE: (508) 202-8192

EMAIL ADDRESS: m.cc61@yahoo.com

ARCHITECT/DESIGNER: Gustavo Acero

ADDRESS: 2000 Willow Dr. East marion NY 11939 PHONE: 631-276-1376

EMAIL ADDRESS: simplybeautifulboutique@gmail.com

Type of Proposed Work

COMMERCIAL RESIDENTIAL

Site Work

- FENCE AND GATES
- DRIVEWAY, WALK, PATIO, OTHER PAVEMENT
- MAJOR EXCAVATION OR REGRADING, OR BERM
- SWIMMING POOL, TENNIS COURT
- OTHER STRUCTURAL LANDSCAPE ELEMENT
- SIGNAGE AND AWNINGS - SUBMIT SCALE DRAWINGS TO INDICATING TO FOLLOWING:
 - SIZE OF EACH SIGN
 - COLOR
 - FONT
 - LOCATIONS OF ALL SIGNAGE AND AWNINGS ON BUILDING
 - PROPOSED MATERIALS
- MODERN FEATURES
 - SOLAR PANELS
 - SKYLIGHTS
 - OUTDOOR SHOWERS
- OTHER

Landscape Planting

- HEDGE ALONG STREET AND/OR PROPERTY BOUNDARY LINES
- PLANTINGS INTENDED TO SCREEN OTHER WORK DESCRIBED IN THIS APPLICATION

Buildings

- ___ NEW CONSTRUCTION
- ___ ADDITION
- ___ DEMOLITION
- ___ REMOVAL
- ___ ACCESSORY BUILDING

Building Alterations

- ___ EXTERIOR WALL MATERIAL
- ___ ROOF MATERIAL AND COLOR
- ___ CHIMNEY MATERIAL
- ___ FOUNDATION MATERIAL
- ___ DOORWAYS (INCLUDING STORM/SCREEN DOORS)
- ___ WINDOWS (INCLUDING STORM/SCREEN SASH) AND SHUTTERS
- ___ PORCHES AND STEPS
- ___ TRIM AND DECORATIVE DETAIL
- ___ GUTTERS AND LEADERS
- ___ PAINT AND STAIN
- ___ EXTERIOR LIGHTING
- ___ OTHER

PROVIDE A GENERAL DESCRIPTION OF THE PROPOSED WORK (USE ADDITIONAL SHEETS IF NECESSARY, REFER TO THE ACCOMPANYING EXHIBITS).

Request of signage with the size and materials in attachment.

LIST ALL EXHIBITS SUBMITTED WITH THIS APPLICATION. ACTUAL SAMPLES OF MATERIALS AND/OR DESCRIPTIONS OF ACTUAL MATERIALS ARE REQUIRED. (REFER TO THE INSTRUCTIONS FOR THE REQUIRED SUBMISSIONS).

Submitting attached current photos of the building, render photos of the building with new proposed sign. All information on materials, colors and fonts requested.

OTHER APPROVALS REQUIRED: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

DATE: _____

02-24-2026



Simply Beautiful

Boutique & Lingerie

102



MAIN ST. VIEW



SIZES

1 Signs 102" Wide x 18" Tall

Font Size and Style

Montserrat Bold
Amaranth Italic
Sizes 6.6" - 3.25"

Proposed Colors

Light Green (Background)
Purple

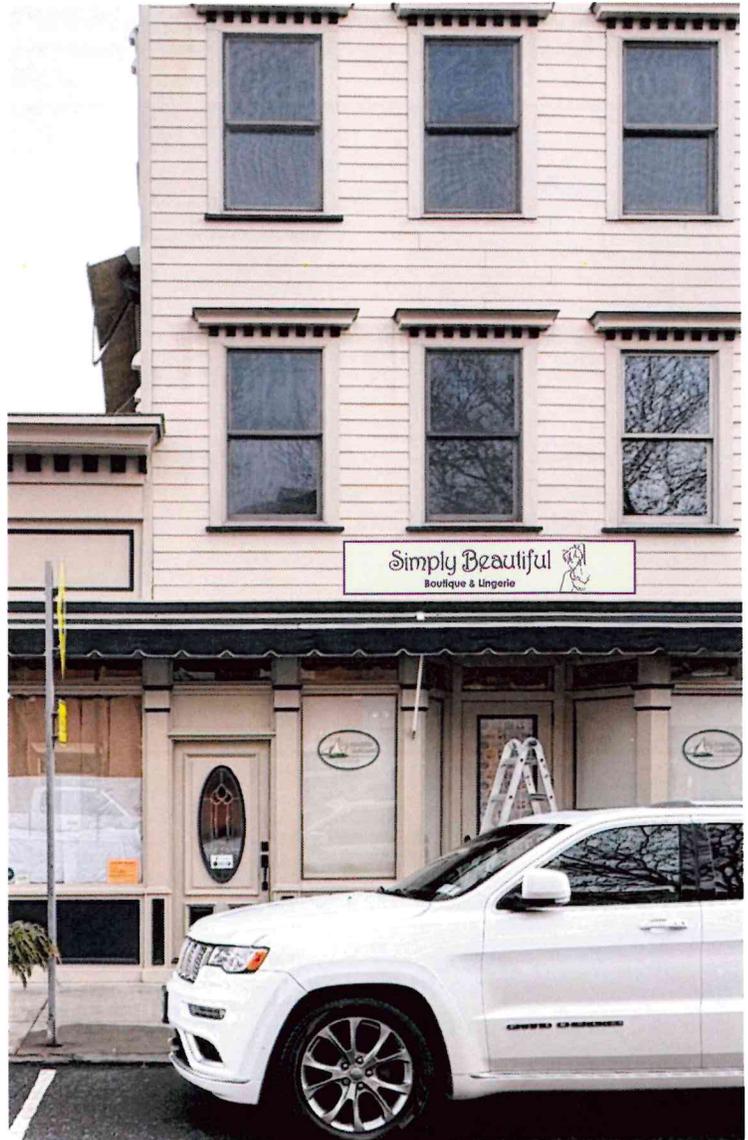
Location (see Images for location)

1 Sign on Main Street

MATERIALS

komacell
Closed cell pvc
no rot or rust
Raised Letters

New Sign





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER StateFarm  LYNNE M BARNHARDT INS AGENCY 58 N COUNTRY RD SMITHTOWN, NY 11787	CONTACT NAME: Jill Combrooks PHONE (A/C, No, Ext): 631-265-5030 E-MAIL ADDRESS: jill@lynnebarnhardt.com	FAX (A/C, No): 631-265-5060
	INSURER(S) AFFORDING COVERAGE	
INSURED LETTER PERFECT GRAPHICS INC 617 BICYCLE PATH UNIT 4 PORT JEFFERSON, NY 11776	INSURER A: State Farm Fire and Casualty Company	NAIC # 25143
	INSURER B: State Farm Mutual Automobile Insurance Company	25178
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		92-AP-1920-8	04/26/2025	04/26/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		92-BC-S452-7	04/26/2025	04/26/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A 92-C9-F552-8	04/26/2025	04/26/2026	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER VILLAGE OF GREENPORT 236 THIRD ST GREENPORT NY 11944	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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