



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

RECEIVED

FEB 24 2026

**HISTORIC PRESERVATION COMMISSION REVIEW**

VILLAGE OF GREENPORT  
 CLERKS DEPARTMENT

**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: 140C 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: 3485 East marion NY 11939 PHONE: 631-523-9844

EMAIL ADDRESS: encantocrepescafe@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

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## Buildings

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

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## 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

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

Request of updating the Diangela signs currently on the building with the same size and materials used for Encanto Crepes & Cafe. No major changes requested.

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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.

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OTHER APPROVALS REQUIRED:

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

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\_\_\_\_\_

02-24-2026  
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## SIZES

2 Signs 102" Wide x 18" Tall

## Font Size and Style

Montserrat Bold  
Amaranth Italic  
Sizes 6.5" - 2.25"

## Proposed Colors

Mint  
Black (Background)  
Peach

## Location (see Images for location)

1 Sign on Main Street  
1 Sign on Carpenter St

## MATERIALS

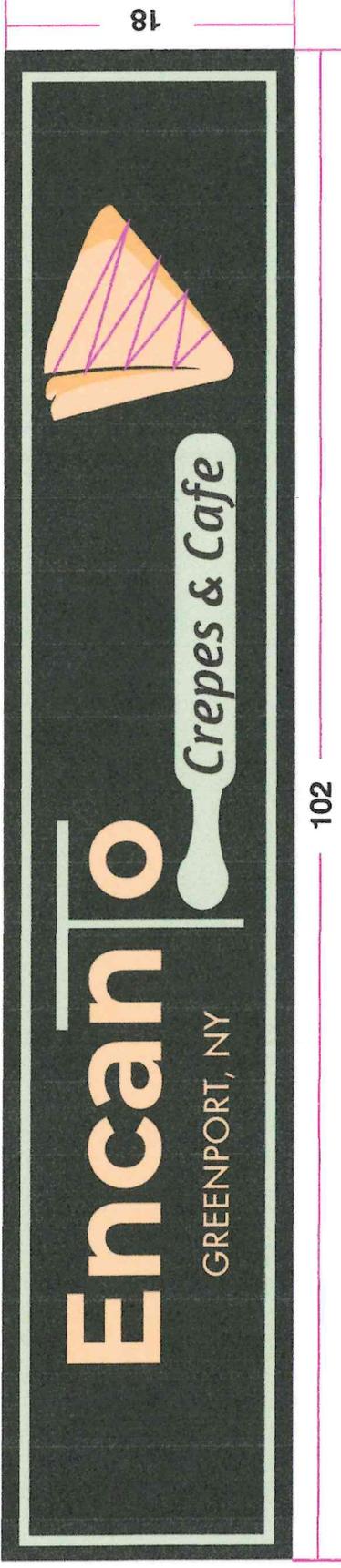
komacell  
Closed cell pvc  
no rot or rust  
Raised Letters

## Current Sign



## New Sign





102



MAIN ST. VIEW



CARPENTER ST. VIEW



**Workers' Compensation Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>LETTER PERFECT GRAPHICS INC 617 BICYCLE PATH UNIT 4 PRT JEFF STA, NY 11776-3422</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>631-928-8349</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>5761750</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>113266287</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>VILLAGE OF GREENPORT 236 THIRD ST GREENPORT, NY 11944</p>	<p>3a. Name of Insurance Carrier</p> <p>STATE FARM FIRE AND CASUALTY COMPANY</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>92-C9-F552-8</p> <p>3c. Policy effective period</p> <p>04/26/2025 to 04/26/2026</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Lynne Barnhardt  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Lynne Barnhardt* 2/19/26  
(Signature) (Date)

Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 631-265-5030

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**