



# COMMUNITY DEVELOPMENT DEPARTMENT

45175 Ten Mile Road  
Novi, MI 48375  
(248) 347-0415 Phone  
(248) 735-5600 Facsimile  
[www.cityofnovi.org](http://www.cityofnovi.org)

## ZONING BOARD OF APPEALS STAFF REPORT

FOR: City of Novi Zoning Board of Appeals

ZONING BOARD APPEALS DATE: August 14, 2018

REGARDING: 47601 Grand River Ave, Parcel # 50-22-17-400-046 (PZ18-0027)

BY: Larry Butler, Deputy Director Community Development

### I. GENERAL INFORMATION:

**Applicant**

Araneae, Inc.

**Variance Type**

Sign Variance

**Property Characteristics**

Zoning District:	Office Service Commercial
Location:	West of Beck Road and South of Grand River Avenue
Parcel #:	50-22-17-400-046

**Request**

The applicant is requesting a variance from the City of Novi Code of Ordinance Section 28-5 to allow the installation of 19 additional wall and ground signs. Some of the additional signs exceed the allowed height and area limits. A wall sign and ground sign are allowed by right. The property is zoned Office Service Commercial (OSC).

### II. STAFF COMMENTS:

### III. RECOMMENDATION:

The Zoning Board of Appeals may take one of the following actions:

1. I move that we **grant** the variance in Case No. **PZ18-0027**, sought by \_\_\_\_\_, for \_\_\_\_\_ because Petitioner has shown practical difficulty requiring \_\_\_\_\_.
- (a) Without the variance Petitioner will be unreasonably prevented or limited with respect to use of the property because \_\_\_\_\_.
- (b) The property is unique because \_\_\_\_\_.
- (c) Petitioner did not create the condition because \_\_\_\_\_.

(d) The relief granted will not unreasonably interfere with adjacent or surrounding properties because\_\_\_\_\_.

(e) The relief if consistent with the spirit and intent of the ordinance because \_\_\_\_\_.

(f) The variance granted is subject to:

1. \_\_\_\_\_.
2. \_\_\_\_\_.
3. \_\_\_\_\_.
4. \_\_\_\_\_.

2. I move that we **deny** the variance in Case No. **PZ18-0027**, sought by \_\_\_\_\_, for \_\_\_\_\_ because Petitioner has not shown practical difficulty requiring \_\_\_\_\_.

(a) The circumstances and features of the property including \_\_\_\_\_ are not unique because they exist generally throughout the City.

(b) The circumstances and features of the property relating to the variance request are self-created because \_\_\_\_\_.

(c) The failure to grant relief will result in mere inconvenience or inability to attain higher economic or financial return based on Petitioners statements that \_\_\_\_\_.

(d) The variance would result in interference with the adjacent and surrounding properties by \_\_\_\_\_.

(e) Granting the variance would be inconsistent with the spirit and intent of the ordinance to \_\_\_\_\_.

Should you have any further questions with regards to the matter please feel free to contact me at (248) 347-0417.

Larry Butler  
Deputy Director Community Development  
City of Novi



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## ZONING BOARD OF APPEALS APPLICATION

RECEIVED

JUN 28 2018

CITY OF NOVI  
COMMUNITY DEVELOPMENT

APPLICATION MUST BE FILLED OUT COMPLETELY

<b>I. PROPERTY INFORMATION (Address of subject ZBA Case)</b>		Application Fee: <u>\$300.00</u>	
PROJECT NAME / SUBDIVISION <u>Ascension Hospital</u>		Meeting Date: <u>August 14</u>	
ADDRESS <u>47601 Grand River</u>	LOT/SIUTE/SPACE #	ZBA Case #: <u>PZ 18-0027</u>	
SIDWELL # <u>50-22-</u>	May be obtain from Assessing Department (248) 347-0485		
CROSS ROADS OF PROPERTY <u>Grand River + Beck Rd</u>			
IS THE PROPERTY WITHIN A HOMEOWNER'S ASSOCIATION JURISDICTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REQUEST IS FOR: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACANT PROPERTY <input checked="" type="checkbox"/> SIGNAGE	
DOES YOUR APPEAL RESULT FROM A NOTICE OF VIOLATION OR CITATION ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>II. APPLICANT INFORMATION</b>			
<b>A. APPLICANT</b>		EMAIL ADDRESS <u>jcarroll@araneaeagroup.com</u>	CELL PHONE NO. <u>248-521-0218</u>
NAME <u>John Carroll</u>		TELEPHONE NO. <u>248-344-8840</u>	
ORGANIZATION/COMPANY <u>Araneae, Inc</u>		FAX NO. <u>248 344-8841</u>	
ADDRESS <u>28785 Haas Rd.</u>	CITY <u>Wixom</u>	STATE <u>MI</u>	ZIP CODE <u>48393</u>
<b>B. PROPERTY OWNER</b> <input type="checkbox"/> CHECK HERE IF APPLICANT IS ALSO THE PROPERTY OWNER			
Identify the person or organization that owns the subject property:		EMAIL ADDRESS <u>Margaret.Klobucar@ascension.org</u>	CELL PHONE NO.
NAME <u>Margaret Klobucar</u>		TELEPHONE NO. <u>248-849-5885</u>	
ORGANIZATION/COMPANY <u>Ascension Providence Hospital</u>		FAX NO.	
ADDRESS <u>16001 W. Nine Mile</u>	CITY <u>Southfield</u>	STATE <u>MI</u>	ZIP CODE <u>48075</u>
<b>III. ZONING INFORMATION</b>			
<b>A. ZONING DISTRICT</b>			
<input type="checkbox"/> R-A <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> RM-1 <input type="checkbox"/> RM-2 <input type="checkbox"/> MH <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> RC <input type="checkbox"/> TC <input type="checkbox"/> TC-1 <input type="checkbox"/> OTHER <u>OSC</u>			
<b>B. VARIANCE REQUESTED</b>			
INDICATE ORDINANCE SECTION (S) AND VARIANCE REQUESTED:			
1. Section <u>28-5</u>	Variance requested <u>Size + number</u>		
2. Section _____	Variance requested _____		
3. Section _____	Variance requested _____		
4. Section _____	Variance requested _____		
<b>IV. FEES AND DRAWINGS</b>			
<b>A. FEES</b>			
<input type="checkbox"/> Single Family Residential (Existing) \$200 <input type="checkbox"/> (With Violation) \$250 <input type="checkbox"/> Single Family Residential (New) \$250 <input checked="" type="checkbox"/> Multiple/Commercial/Industrial \$300 <input type="checkbox"/> (With Violation) \$400 <input type="checkbox"/> Signs \$300 <input type="checkbox"/> (With Violation) \$400 <input type="checkbox"/> House Moves \$300 <input type="checkbox"/> Special Meetings (At discretion of Board) \$600			
<b>B. DRAWINGS 1-COPY &amp; 1 DIGITAL COPY SUBMITTED AS A PDF</b>			
<ul style="list-style-type: none"> <li>• Dimensioned Drawings and Plans</li> <li>• Site/Plot Plan</li> <li>• Existing or proposed buildings or addition on the property</li> <li>• Number &amp; location of all on-site parking, if applicable</li> <li>• Existing &amp; proposed distance to adjacent property lines</li> <li>• Location of existing &amp; proposed signs, if applicable</li> <li>• Floor plans &amp; elevations</li> <li>• Any other information relevant to the Variance application</li> </ul>			



# ZONING BOARD OF APPEALS APPLICATION

## V. VARIANCE

### A. VARIANCE (S) REQUESTED

DIMENSIONAL    USE    SIGN

There is a five-(5) hold period before work/action can be taken on variance approvals.

### B. SIGN CASES (ONLY)

Your signature on this application indicates that you agree to install a **Mock-Up Sign** ten-(10) days before the schedule ZBA meeting. Failure to install a mock-up sign may result in your case not being heard by the Board, postponed to the next schedule ZBA meeting, or cancelled. A mock-up sign is **NOT** to be actual sign. Upon approval, the mock-up sign must be removed within five-(5) days of the meeting. If the case is denied, the applicant is responsible for all costs involved in the removal of the mock-up or actual sign (if erected under violation) within five-(5) days of the meeting.

### C. ORDINANCE

#### City of Novi Ordinance, Section 3107 – Miscellaneous

No order of the Board permitting the erection of a building shall be valid for a period longer than one-(1) year, unless a building permit for such erection or alteration is obtained within such period and such erection or alteration is started and proceeds to completion in accordance with the terms of such permit.

No order of the Board permitting a use of a building or premises shall be valid for a period longer than one-hundred and eighty-(180) days unless such use is establish within such a period; provided, however, where such use permitted is dependent upon the erection or alteration or a building such order shall continue in force and effect if a building permit for such erection or alteration is obtained within one-(1) year and such erection or alteration is started and proceeds to completion in accordance with the terms of such permit.

### D. APPEAL THE DETERMINATION OF THE BUILDING OFFICIAL

PLEASE TAKE NOTICE:

The undersigned hereby appeals the determination of the Building Official / Inspector or Ordinance made

CONSTRUCT NEW HOME/BUILDING    ADDITION TO EXISTING HOME/BUILDING    SIGNAGE  
 ACCESSORY BUILDING    USE    OTHER \_\_\_\_\_

## VI. APPLICANT & PROPERTY SIGNATURES

### A. APPLICANT

  
Applicant Signature

5/30/18  
Date

### B. PROPERTY OWNER

**If the applicant is not the owner, the property owner must read and sign below:**

The undersigned affirms and acknowledges that he, she or they are the owner(s) of the property described in this application, and is/are aware of the contents of this application and related enclosures.

see attached letter  
Property Owner Signature

\_\_\_\_\_  
Date

## VII. FOR OFFICIAL USE ONLY

### DECISION ON APPEAL:

GRANTED    DENIED

The Building Inspector is hereby directed to issue a permit to the Applicant upon the following and conditions:

\_\_\_\_\_  
Chairperson, Zoning Board of Appeals

\_\_\_\_\_  
Date



5/29/18

Architectural Graphics Incorporated (AGI) has been contracted by Ascension Health Resource and Supply Management Group LLC to provide exterior signage related services at the participant sites of Ascension. You have been identified as the property owner of the above referenced property which is the location of a participant site.

We request your assistance in providing approval to apply for Variance with the City of Novi:

1. Sign/date the Approval document; (digital signature is acceptable)
2. Return the Approval Document to AGI by scanned e-mail.

A copy of the approval document will be furnished to the permitting authority, documenting your consent.

As always, time is of the essence. We greatly appreciate your timely review and approval.

We appreciate your assistance with regard to this sign replacement process. Please contact the project manager, Christine Skinner, at 757-427-1900 Ext. 1319 or email at [cskinner@agisign.com](mailto:cskinner@agisign.com) with any questions regarding the signage process.

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I have reviewed the attached sign design documents and,

I give approval for a Variance application to be submitted to the city of Novi.

---

<i>Margaret Klobucor</i>	<i>Margaret Klobucor</i>	<i>Chief Operating Officer</i>	<i>5/1/18</i>
Signature	Name (Print)	Title	Date

Regards,

*Christine Skinner*

Christine Skinner



**Community Development Department**

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**REVIEW STANDARDS  
SIGN VARIANCE**

The Zoning Board of Appeals (ZBA) will review the application package and determine if the proposed Sign Variance meets the required standards for approval. In the space below, and on additional paper if necessary, explain how the proposed project meets each of the following standards. (Increased costs associated with complying with the Zoning Ordinance will not be considered a basis for granting a Sign Variance.)

**Standard #1. Extraordinary Circumstances or Conditions.**

Explain how the circumstances or physical conditions applying to the property that do not apply generally to other properties in the same Zone District or in the general vicinity. Circumstances or physical conditions may include:

- a. **Shape of Lot.** A sign could not be placed in the location required by the Zoning Ordinance due to the shape, topography or other physical conditions of the lot or due to the location of an existing structure.

Not Applicable       Applicable      If applicable, describe below:

*and/or*

- b. **Environmental Conditions.** A sign could not be placed in the location required by the Zoning Ordinance without removing or severely altering natural features, such as trees, topography, drainage courses or encroaching upon stormwater facilities.

Not Applicable       Applicable      If applicable, describe below:

*and/or*

- c. **Abutting Property.** A sign could not be reasonably seen by passing motorists due to the configuration of existing buildings, trees, signs or other obstructions on an abutting property.

Not Applicable       Applicable      If applicable, describe below:

d. **Scale of Building or Lot Frontage.** A sign that exceeds permitted dimensions for area and/or height could be considered appropriate in scale due to the length of the building frontage (wall sign only) or length of the lot frontage (ground sign only).

Not Applicable     Applicable  
*see attached letter*

If applicable, describe below:

e. **Not Self-Created.** Describe the immediate practical difficulty causing the need for the Variance was not created by the applicant or any person having an interest in the sign, sign structure, or property.

Not Applicable     Applicable

If applicable, describe below:

## **Standard #2. Limit Use of Property.**

Explain how the failure to grant relief will unreasonably prevent or limit the use of the property and will result in substantially more than mere inconvenience or inability to attain a higher economic or financial return.

*see attached letter*

## **Standard #3. Adverse Impact on Surrounding Area.**

Explain how the Sign Variance will not result in a use or structure that is incompatible with or unreasonably interferes with adjacent or surrounding properties, will result in substantial justice being done to both the applicant and adjacent or surrounding properties, and is not inconsistent with the spirit and intent of this chapter.

*see attached letter*

## **Extraordinary Circumstances/Conditions**

**D.** Ascension Hospital/Providence is seeking a number and size variance to install various directional/wayfinding signage throughout its Novi campus. Due to the massive size of the campus, and the numerous destination points around the campus, adequate signage (both number and size) is required to successfully direct the thousands of clients/patients/visitors/vendors that visit the campus each day.

In most cases, the proposed signage is smaller in size than the existing directional signage. The overall project will result in a net loss of sign number and size.

The hospital is also seeking a size variance for the large wall sign to be installed on the east wall facing Beck Road, replacing an existing sign. Due to the size of the building and the distance from the road and intersection, a larger sign is required for visibility/readability purposes.

### **Standard #2: Limit Use of Property**

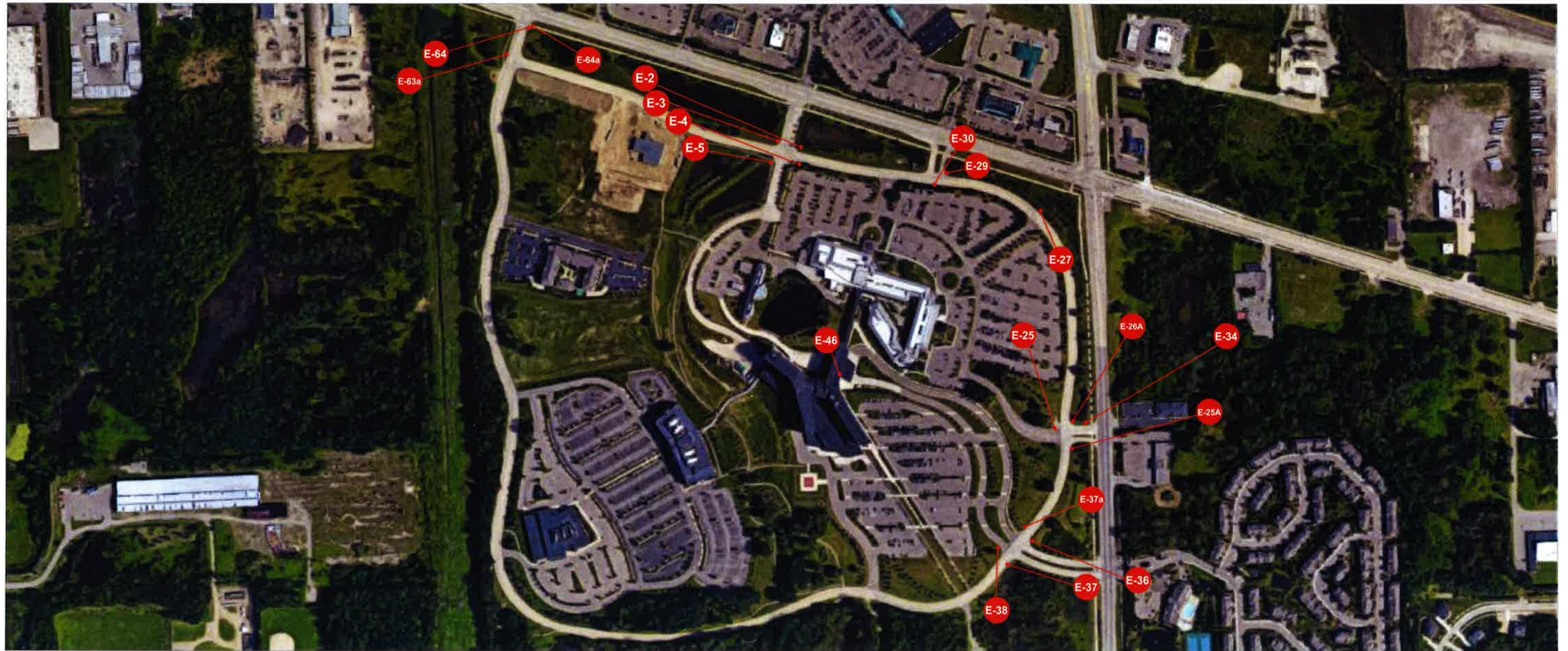
Failure to grant relief will not unreasonably prevent or limit the use of the property but will result in confusion and frustration on the part of our clients/patients, many of whom are elderly and/or ill, as well as affect the clear traffic flow in and around the property.

### **Standard #3: Adverse Impact on Surrounding Area**

The proposed signage will not have an adverse impact on the surrounding area, as we are simply replacing existing signage. Also, the hospital is a vital institution in the community, serving all people, including the neighboring residents and businesses. The signage is required to adequately direct all visitors to the proper location within the campus in a timely manner.



# Exterior Site Map



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Orthopaedics

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.20.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 6'-0"  
 W: 2'-9 1/2"  
 OAH: 6'-6"  
 Comment: Size 20 chosen for volume of copy.



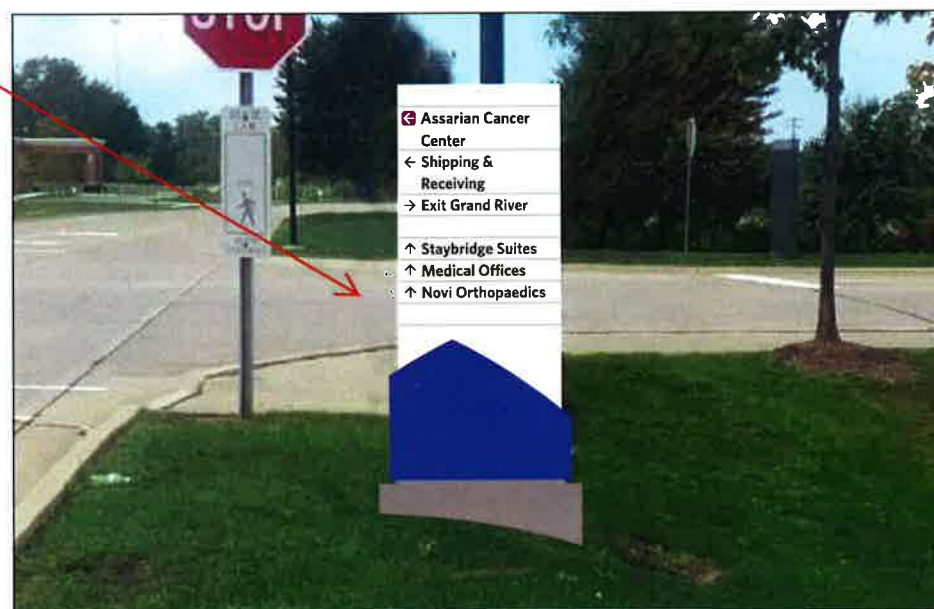
Context



Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Orthopaedics

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"

Comment: 41 size sign chosen to accommodate all messaging. Donor names to remain. Not all existing copy will fit on sign.



Context



Detail Side A



Detail Side B



Recommended - Side A



Recommended - Side B



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.20.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 6'-0"  
 W: 2'-9 1/2"  
 OAH: 6'-6"

Comment: WF.20 allows for best spacing, other WF at this intersection are larger, so WF-20 feels more balanced.



Context



Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

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 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"

Comment: 41 size sign chosen to accommodate all messaging. Donor names to remain.



Context



Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.20.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 6'-0"  
 W: 2'-9 1/2"  
 OAH: 6'-6"  
 Comment: WF.20 allows for best spacing, other WF at this intersection are larger, so WF-20 feels more balanced.



Context



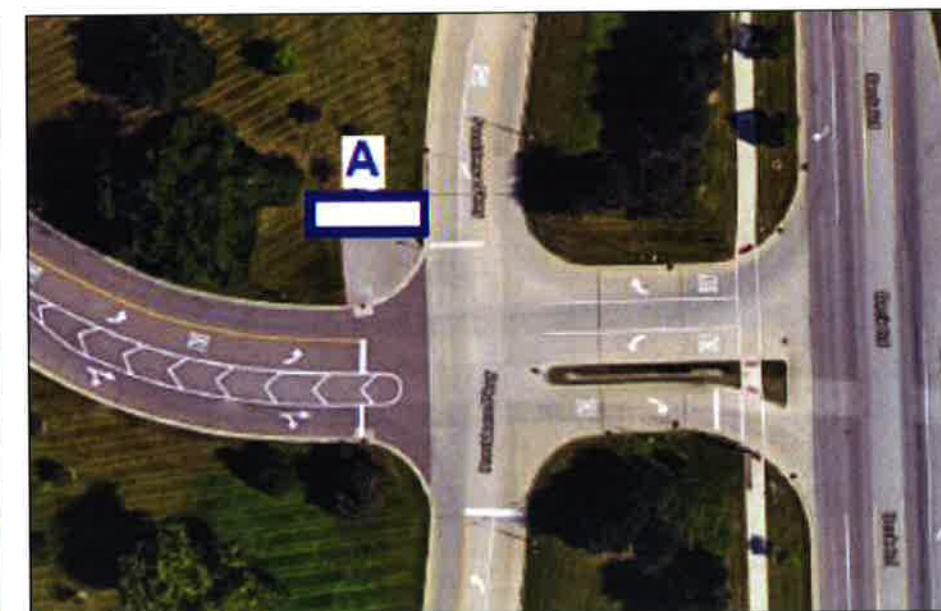
Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: No Existing  
 Quantity: N/A  
 Location: N/A  
 Illumination: N/A  
 Approx. Size:  
 H: N/A  
 W: N/A  
 OAH: N/A  
 HOG: N/A  
 Comment: N/A

Action: Replace

Make Good:



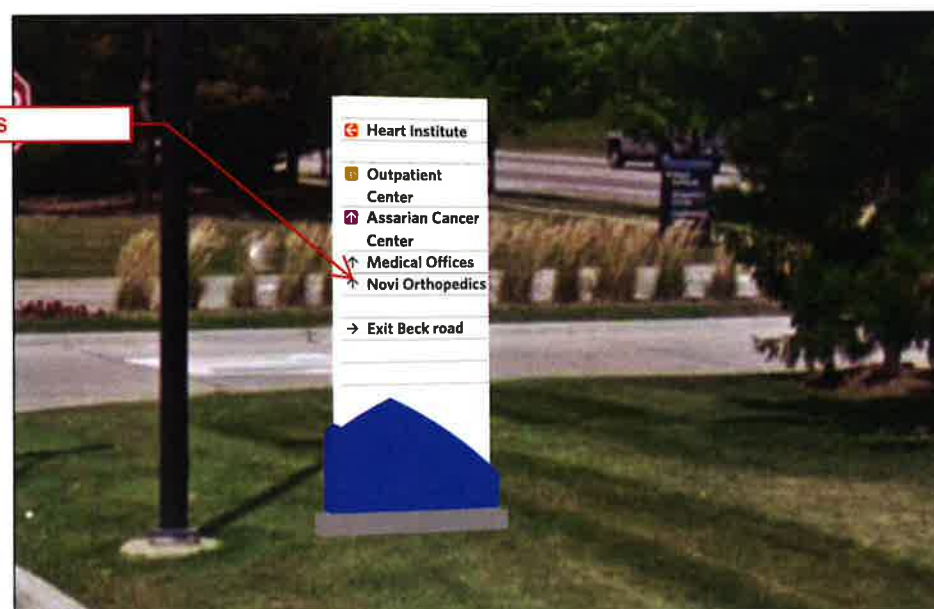
Context

## Recommended

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Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"  
 Comment:

Orthopaedics



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: No Existing  
 Quantity: N/A  
 Location: N/A  
 Illumination: N/A  
 Approx. Size:  
 H: N/A  
 W: N/A  
 OAH: N/A  
 HOG: N/A  
 Comment: N/A

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"  
 Comment:



Context



Recommended - Side A





# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

Move All copy slats side A down one double panel

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF-4-35  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: Internal  
 Approx. Size:  
 H: 9'-6"  
 W: 4'-8 15/16"  
 OAH: 9'-6"  
 Comment:



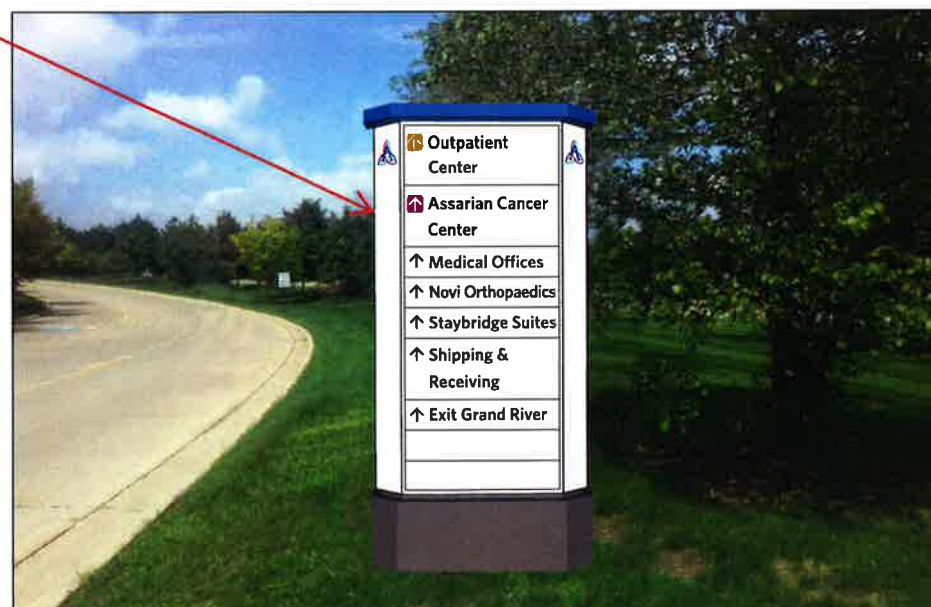
Context



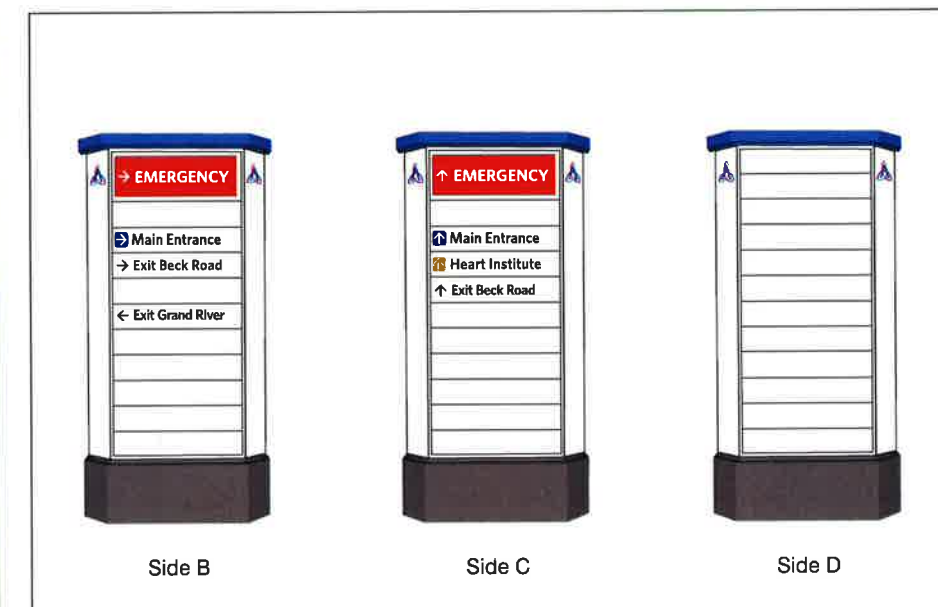
Detail Side A



Sides



Recommended - Side A



Recommended

# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.20.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 6'-0"  
 W: 2'-9 1/2"  
 OAH: 6'-6"  
 Comment: Size 20 chosen for volume of copy.

Orthopaedics



Context



Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
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Action: Replace

Orthopaedics

Make Good:

## Recommended

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 Approx. Size:  
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Comment: 41 size sign chosen to accommodate all messaging. Donor names to remain. Not all existing copy will fit on sign.



Context



Detail Side A



Detail Side B



Recommended - Side A



Recommended - Side B



# Sign Recommendation

**Existing**

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 5'-0"  
 W: 4'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

**Recommended**

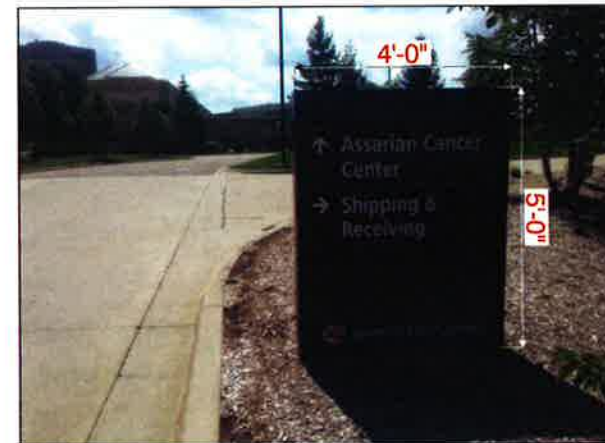
**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.20.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 6'-0"  
 W: 2'-9 1/2"  
 OAH: 6'-6"

Comment: This is not the primary or preferred entrance to the Outpatient Center. WF-20 for spacing and readability



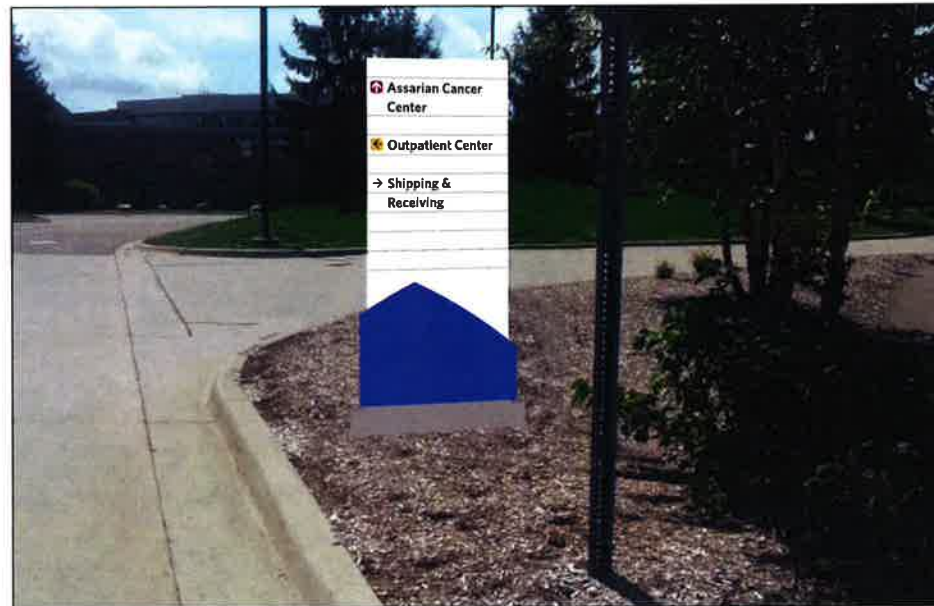
Context



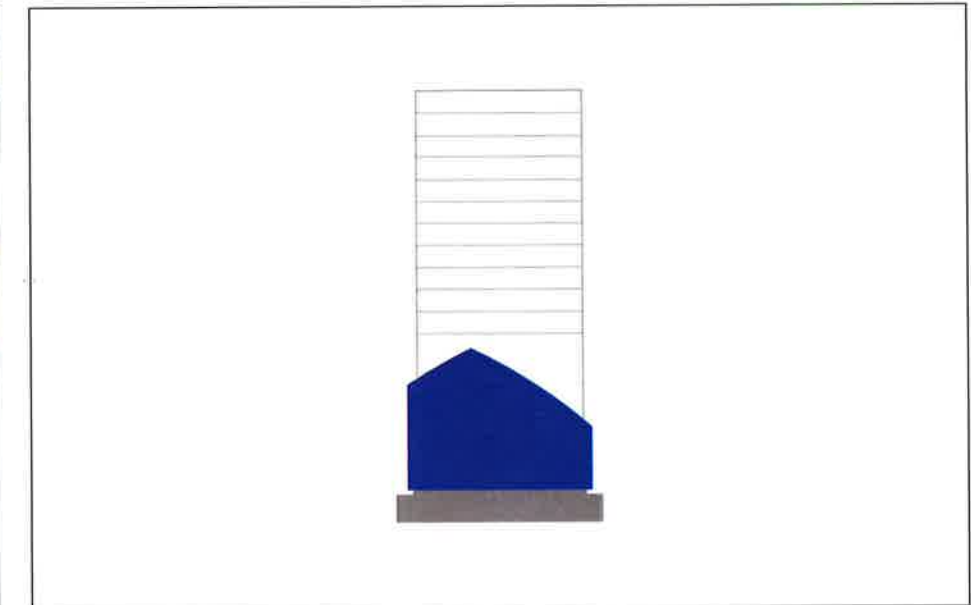
Detail Side A



Detail Side B



Recommended - Side A



Recommended - Side B

# Sign Recommendation

**Existing**

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Orthopaedics



Context



Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"

Comment: 41 size sign chosen to provide visual balance with other signs at this organization. Donor names to remain.



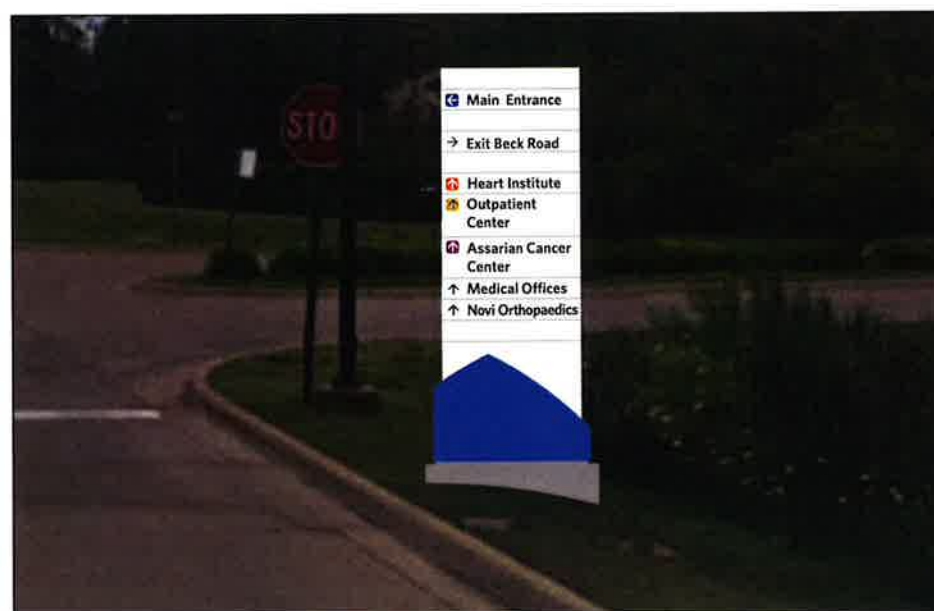
Context



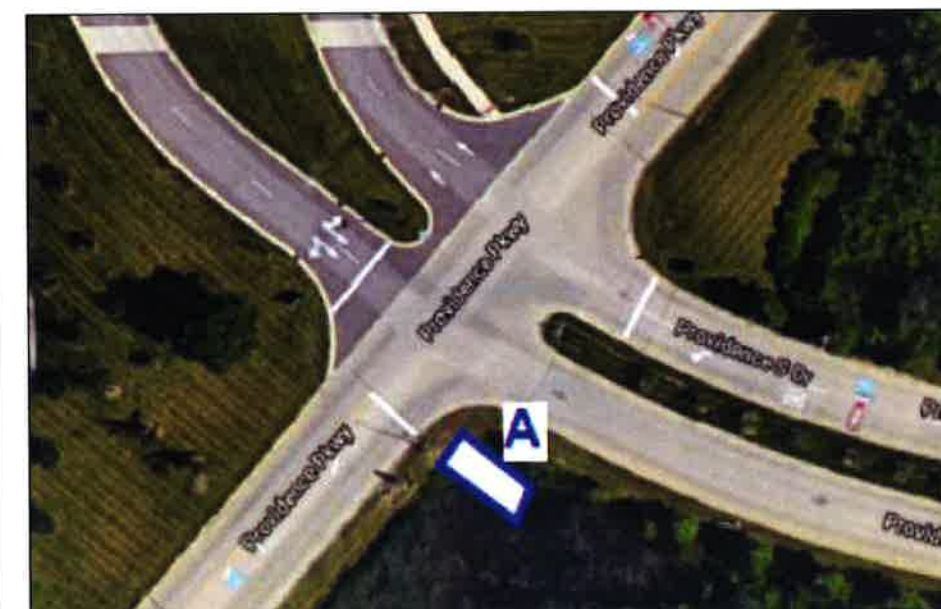
Detail Side A



Detail Side B



Recommended - Side A



# Sign Recommendation

**Existing**

Sign Type: No Existing  
 Quantity: N/A  
 Location: N/A  
 Illumination: N/A  
 Approx. Size:  
 H: N/A  
 W: N/A  
 OAH: N/A  
 HOG: N/A  
 Comment: N/A

Action: Add New

Make Good:

**Recommended**

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"  
 Comment: 41 size sign chosen to provide visual balance with other signs at this organization. Donor names to remain.



Context



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Monolith  
 Quantity: 1  
 Location: Public Facing  
 Illumination: None  
 Approx. Size:  
 H: 8'-0"  
 W: 5'-0"  
 OAH:  
 HOG:  
 Comment:

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"  
 Comment:



Context



Detail Side A



Detail Side B



Recommended - Side A





# Sign Recommendation

**Existing**

Sign Type: No Existing  
 Quantity: N/A  
 Location: N/A  
 Illumination: N/A  
 Approx. Size:  
 H: N/A  
 W: N/A  
 OAH: N/A  
 HOG: N/A  
 Comment: N/A

Action: Replace

Make Good:

**Recommended**

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Wayfinding  
 Sign Code: WF.41.NIL  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: None  
 Approx. Size:  
 H: 9'-4"  
 W: 3'-9"  
 OAH: 9'-10"  
 Comment: "Hospital" used to direct to multiple main campus locations.



Context



Recommended - Side A



# Sign Recommendation

## Existing

Sign Type: Channel Letters  
 Quantity: 1  
 Location: Main Entrance  
 Illumination: Internal  
 Approx. Size:  
 H: 11'-0"  
 W: 88'-1 1/4"  
 OAH:  
 HOG: 108'-7"  
 Comment:

Action: Replace

Make Good:

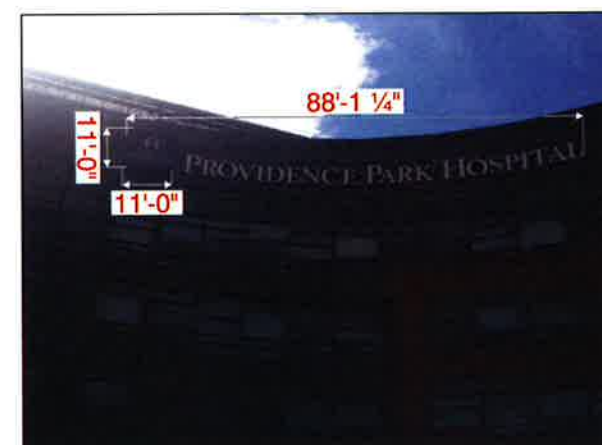
## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Custom Channel Letters  
 Sign Code: CL.H.AH.W.48  
 Quantity: 1  
 Attachment: Fasteners behind  
 Illumination: Internally Illuminated  
 Approx. Size:  
 H: 8'-9 1/4"  
 W: 69'-3"  
 OAH:  
 Comment: Roof access available.



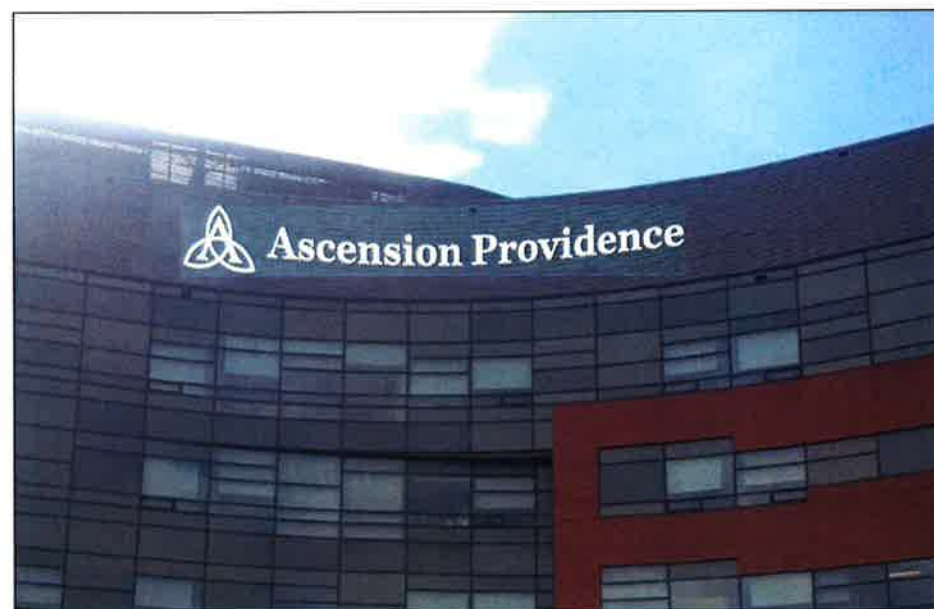
Context



Detail Side A



Mounting Detail



Recommended - Side A

# Sign Recommendation

**Existing**

Sign Type: Multi-Tenant Sign  
 Quantity: 1  
 Location: Public Facing  
 Illumination: Internal  
 Approx. Size:  
 H: 14'-10"  
 W: 8'-0"  
 OAH: 15'-5"  
 HOG:  
 Comment:

Action: Replace

Make Good:

**Recommended**

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

Sign Type: Small Monument  
 Sign Code: MON.47.GG  
 Quantity: 1  
 Attachment: Base/Plinth  
 Illumination: Internal  
 Approx. Size:  
 H: 5'-8"  
 W: 6'-6"  
 OAH: 6'-9"  
 Comment: Code restricts sign to no more than 50 sq ft and 6' tall.

Location ID spacing



Context



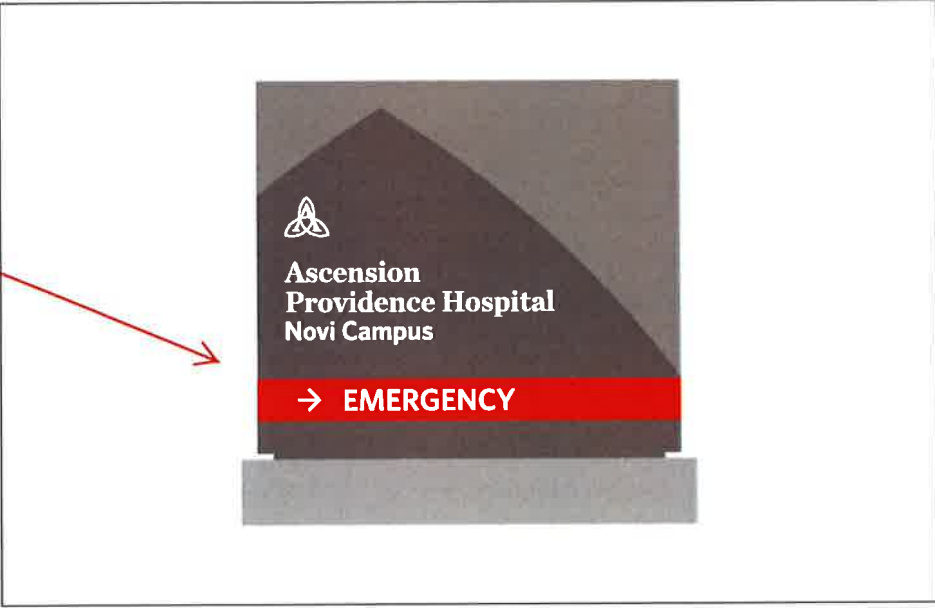
Detail Side A



Detail Side B



Recommended - Side A



Recommended - Side B

# Sign Recommendation

## Existing

Sign Type: No Existing  
 Quantity: N/A  
 Location: N/A  
 Illumination: N/A  
 Approx. Size:  
 H: N/A  
 W: N/A  
 OAH: N/A  
 HOG: N/A  
 Comment: N/A

Action: Replace

Make Good:

## Recommended

**TECHNICAL SURVEY IS REQUIRED PRIOR TO SIGN MANUFACTURING**

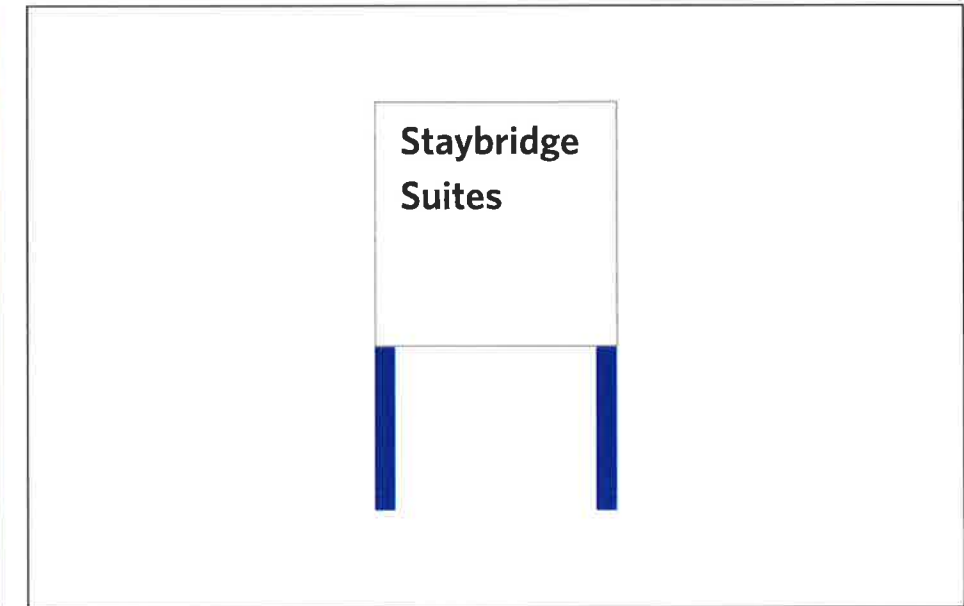
Sign Type: Post and Panel  
 Sign Code: PPN.9.BW.NIL  
 Quantity: 1  
 Attachment: Other  
 Illumination: None  
 Approx. Size:  
 H: 3'-0"  
 W: 3'-0"  
 OAH: 5'-0"  
 Comment: Copy TBD by partner location (Staybridge).



Context



Recommended - Side A



Recommended - Side B