Record No: 1195808

Sign/Awning Permit

Status: Active

Submitted On: 1/16/2026

Primary Location

359 Huron Ave
Cambridge, MA 02138

Owner

NAJARIAN, MARC, L. JAMES NAJARIAN
165 BALDPATE HILL ROAD
NEWTON, MA 02459

Applicant

Donger Lei
781-363-4359
azsigns@hotmail.com
20 Branch St
Unit 1
Quincy, MA 02169

General Information

What option best describes this application?*

Sign(s) and Awning(s)

Description of Proposed Work*

Replace the existing aluminum panel sign and install a new aluminum panel sign(same size as existing); change new fabric for the eixtsing awning(keep the metal frame)

Estimated Cost of Awning(s) in dollars *

1150

Estimated Cost of Sign(s) in dollars *

1350

Describe any existing signs or awnings that will remain (including the size of the remaining signs/awnings).*

The existing aluminum panel sign is 18"H x 96"W. The existing awning size is 141.5"L x 36"W x 40"H

Cambridge City Council approval may be required.

Will one or more of the proposed signs extend six (6) inches into the public sidewalk?*

Yes

You must submit a Projected Sign Application and Abutter's Form to the City Clerk's Office.

Sign Information

Sign Text*

SUMI HOUSE

Type of Sign*

Wall-Mounted

Illumination*

Natural

Height of Sign (feet)*

1.5

Width of Sign (feet)*

8

Area of Sign (square feet)*

12

Height from the ground to the top of the sign (feet)*

14

Height from the ground to bottom of the sign (feet)*

11.5

Sign Material*

Aluminum, vinyl

Weight of the sign (lbs)*

45

Projection from the Building (inches)

0

Width of Building Facade for Associated Use (feet)*

15.5

Is the sign an accessory to a first floor store?*

Yes

Sign Text*

A Table of Japanese Warmth

Type of Sign*

Awning

Illumination*

Natural

Height of Sign (feet)*

0.5

Width of Sign (feet)*

6.9

Area of Sign (square feet)*

3.45

Height from the ground to the top of the sign (feet)*

8.76

Height from the ground to bottom of the sign (feet)*

8.1

Sign Material*

fabric

Weight of the sign (lbs)*

80

Projection from the Building (inches)

36

Width of Building Facade for Associated Use (feet)*

15.5

Is the sign an accessory to a first floor store?*

Yes

Awning Information

Height of Awning (feet)*

3.3

Width of Awning (feet)*

11.8

Height from the ground to the top of the awning (feet)*

11.5

Height from the ground to bottom of the awning (feet)*

8

Awning Material*

sunbrella fabric

Weight of the awning (lbs)*

80

Projection from the Building (inches)*

36

Contractor

Contractor Name*

JIEWEN LEI

Address*

34 CHARD STREET

E-mail*

azsigns@hotmail.com

Telephone*

7813634359

License Number*

CS-121249

License Expiration Date*

02/18/2029

Contractor's Signature

Signature of Licensed Contractor*

Jiewen Lei

Date*

01/16/2026

Community Development Approval

Sign conforms to requirements of Article 7.000

–

Sign requires a variance from the Board of Zoning Appeal

–

Comments

Exempt under Article 7.000

–

City Clerk Internal

Bond Number

Attachments

Drawing of Sign(s) REQUIRED
Sumi House_Sign Drawing.pdf
Uploaded by Donger Lei on Jan 7, 2026 at 12:38 PM

Contract with Sign Company REQUIRED
2001 SUMI House.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:24 PM

Proof of Insurance REQUIRED
AN XING INC Sumi House.pdf
Uploaded by Donger Lei on Jan 7, 2026 at 12:39 PM

Signed contract between property owner and applicant REQUIRED
Building Owner Authorization Letter signed.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:37 PM

city_clerk_sign.pdf
city_clerk_sign.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:22 PM

--Sumi House.pdf
--Sumi House.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:22 PM

f-aff-builders.pdf
f-aff-builders.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:23 PM

Digital_License_ID.pdf
Digital_License_ID.pdf
Uploaded by Donger Lei on Jan 16, 2026 at 12:37 PM

signcertificationform_Awning.pdf
signcertificationform_Awning.pdf
Uploaded by Donger Lei on Jan 20, 2026 at 11:16 AM

signcertificationform_Sign.pdf
signcertificationform_Sign.pdf
Uploaded by Donger Lei on Jan 20, 2026 at 11:16 AM

Sumi House_Sign Drawing.pdf
Sumi House_Sign Drawing.pdf
Uploaded by Donger Lei on Jan 20, 2026 at 11:17 AM

395 Huron Ave_Approved Sign Certificate Wall_2026.01.20.pdf
395 Huron Ave_Approved Sign Certificate Wall_2026.01.20.pdf
Uploaded by Mason Wells on Jan 20, 2026 at 1:26 PM

395 Huron Ave_Approved Sign Certificate Projecting_2026.01.20.pdf
395 Huron Ave_Approved Sign Certificate Projecting_2026.01.20.pdf
Uploaded by Mason Wells on Jan 20, 2026 at 1:26 PM

Record Activity

Donger Lei started a draft Record	01/07/2026 at 12:28 pm
Donger Lei added file Sumi House_Sign Drawing.pdf	01/07/2026 at 12:38 pm
Donger Lei added file AN XING INC Sumi House.pdf	01/07/2026 at 12:39 pm
Donger Lei added file city_clerk_sign.pdf	01/16/2026 at 12:22 pm
Donger Lei added file --Sumi House.pdf	01/16/2026 at 12:22 pm
Donger Lei added file f-aff-builders.pdf	01/16/2026 at 12:23 pm
Donger Lei added file 2001 SUMI House.pdf	01/16/2026 at 12:24 pm
Donger Lei added file Building Owner Authorization Letter signed.pdf	01/16/2026 at 12:37 pm
Donger Lei added file Digital_License_ID.pdf to Record 1195808	01/16/2026 at 12:37 pm
Donger Lei submitted Record 1195808	01/16/2026 at 12:37 pm
OpenGov system altered approval step Community Development Plan Review, changed status from Inactive to Active on Record 1195808	01/16/2026 at 12:37 pm
OpenGov system altered approval step Review for Completeness, changed status from Inactive to Active on Record 1195808	01/16/2026 at 12:37 pm
OpenGov system assigned approval step Review for Completeness to William Pugliese on Record 1195808	01/16/2026 at 12:37 pm
OpenGov system assigned approval step Community Development Plan Review to Mason Wells on Record 1195808	01/16/2026 at 12:37 pm

Donger Lei added file signcertificationform_Awning.pdf to Record 1195808	01/20/2026 at 11:16 am
Donger Lei added file signcertificationform_Sign.pdf to Record 1195808	01/20/2026 at 11:16 am
Donger Lei added file Sumi House_Sign Drawing.pdf to Record 1195808	01/20/2026 at 11:17 am
Mason Wells added file 395 Huron Ave_Approved Sign Certificate Wall_2026.01.20.pdf to Record 1195808	01/20/2026 at 1:26 pm
Mason Wells added file 395 Huron Ave_Approved Sign Certificate Projecting_2026.01.20.pdf to Record 1195808	01/20/2026 at 1:26 pm
Mason Wells approved approval step Community Development Plan Review on Record 1195808	01/20/2026 at 1:27 pm
William Pugliese approved approval step Review for Completeness on Record 1195808	01/21/2026 at 7:24 am
OpenGov system altered approval step Department of Public Works Review, changed status from Inactive to Active on Record 1195808	01/21/2026 at 7:24 am
OpenGov system assigned approval step Department of Public Works Review to Brian McLane on Record 1195808	01/21/2026 at 7:24 am
Brian McLane approved approval step Department of Public Works Review on Record 1195808	01/28/2026 at 12:59 pm
OpenGov system altered approval step City Clerk Review, changed status from Inactive to Active on Record 1195808	01/28/2026 at 12:59 pm
OpenGov system assigned approval step City Clerk Review to Lori Perez on Record 1195808	01/28/2026 at 12:59 pm

Timeline

Label	Activated	Completed	Assignee	Due Date	Status
Review for Completeness	1/16/2026, 12:37:59 PM	1/21/2026, 7:24:09 AM	William Pugliese	-	Completed
Community Development Plan Review	1/16/2026, 12:37:59 PM	1/20/2026, 1:27:59 PM	Mason Wells	-	Completed

Label	Activated	Completed	Assignee	Due Date	Status
Department of Public Works Review	1/21/2026, 7:24:09 AM	1/28/2026, 12:59:54 PM	Brian McLane	-	Completed
City Clerk Review	1/28/2026, 12:59:55 PM	-	Lori Perez	-	Active
City Council Approval	-	-	-	-	Inactive
Bond	-	-	-	-	Inactive
Sign Permit Fee	-	-	Donger Lei	-	Inactive
Building Inspector Review	-	-	-	-	Inactive
Sign Permit	-	-	-	-	Inactive

CITY OF CAMBRIDGE

INSTRUCTIONS FOR OBTAINING PERMISSION FOR PERMANENT SIGNS AND AWNINGS THAT PROJECT OVER THE PUBLIC WAY MORE THAN SIX INCHES

1. **Complete the Building (Sign) Permit Application on line at the Inspectional Service Department or on a personal computer.** Inspectional Services Department is located at 831 Massachusetts Avenue, (617) 349-6100. Items that must be scanned and attached to online application:

    - Sketch or drawing of sign or awning
    - Copy of sign company's contract
    - Insurance

2. **Projected Sign Application and Abutter Forms are available at City Clerk's Office, Room 103 City Hall, 795 Massachusetts Avenue, (617) 349-4260.**

3. **Complete application.** Application must be signed by business owner and property owner black ink only. You must measure and state the distance by which the sign or structure will project over the public way. This application is signed under the pains and penalties of perjury. If you have difficulty ascertaining the distance, you may wish to use a surveyor. Complete the abutter forms.

    After completing steps (1) - (3), file the application with the City Clerk.
    The completed application can be dropped off at the City Clerk's Office or e-mailed to lperez@cambridgema.gov.

4 The Clerk will place the application on the agenda for a City Council meeting for its consideration.

    - During the months of September through June, the City Council meets every Monday at 5:30 p.m. except for Monday holidays. During July and August, the City Council holds one summer meeting. Applications must be received at the City Clerk's office on the Thursday prior to the Monday meeting.

    - After the City Council has approved the petition, the City Clerk will send the petitioner an unexecuted bond form.

5. **Petitioner must have the bond form executed by a Surety Company and then return it to this office.**

6. When the executed bond is returned to the City Clerk's Office, the City Clerk will approve the application that bond is acceptable. ISD will issue a building permit to the petitioner, so long as all building permit requirements have been met. The petitioner can obtain the sidewalk obstruction permit from DPW.

Revised December 11, 2017

OFFICE OF THE CITY CLERK

CAMBRIDGE CITY HALL, 795 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02139
PHONE (617) 349-4260
FAX (617) 349-4269

DONNA P. LOPEZ
CITY CLERK

PAULA M. CRANE
DEPUTY CITY CLERK

Cambridge, _____, 20_____

To the Honorable, the City Council of the City of Cambridge:

EACH PETITION MUST BE ACCOMPANIED BY A DRAWING OF PROPOSED SIGN, INDICATING DESIGN AND DIMENSIONS AND LOCATION ON PREMISES.

The undersigned respectfully prays that SUMI HOUSE
(NAME OF BUSINESS)

be granted permit to erect a sign of the following specifications in front of premises located at
359 Huron Ave, Cambridge, MA 02138
(ADDRESS)

Type of Sign: Awning
(state whether electric or otherwise and material used in construction)

Reading matter to go on Sign:
Change new fabric for the existing awning sign(keep the existing frame and structure)

Size: 141.5"L x 36"W x 40"H Weight: 80lbs

Public Way Obstruction: A. 36" B. 98"
(Give exact distance sign is to extend over sidewalk) (Also exact distance from bottom of sign to sidewalk)

Height Above Grade: Bottom: 98" Top: 138"

NOTICE - REGULATIONS

[*Section 12.08.010* Municipal Code – Encroachments onto Streets] *Section 1212.0* State Building Code – Projecting Signs]

- A projecting sign shall be constructed wholly of incombustible materials.
- All signs must meet requirements of Zoning Ordinances and Building Code.
- Note: ***Section 12.12.220 provides in part "every owner who maintains a . . . structure in or over a street. . . .shall do so only on the condition that such maintenance shall be considered as an agreement on his part to keep the same and the covers thereof in good repair and condition, at all times during his ownership, and to indemnify and save harmless the City against any and all damages, cost or expenses which it may sustain, or be required to pay by reason of such. . .structure."***

PROPERTY OWNER OR AUTHORIZED AGENT HEREBY STATES THAT INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND UNDERSTANDING UNDER PAINS AND PENALTY OF PERJURY.

Mara Mayeux 359 Huron Ave. Camb. 617 485-9578
(Property owner or authorized agent) (Address) (Tel. No.)

Mangyuan Zheng 359 Huron Ave, Cambridge, MA, 02138 6173098582
(Business owner) (Address) (Tel. No.)

Reset Print

OFFICE OF THE CITY CLERK

CAMBRIDGE CITY HALL, 795 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02139
PHONE (617) 349-4260
FAX (617) 349-4269
TTY/TDD (617) 349-4242

DONNA P. LOPEZ
CITY CLERK

PAULA M. CRANE
DEPUTY CITY CLERK

ABUTTERS FORM FOR SIGN/AWNING PERMIT

To Whom It May Concern: Date 01/10/26

As Owner of Agent of MINARA Cambridge, Massachusetts, I do hereby declare my disapproval _____ approval ✓ of the installment of:

Canopy over the sidewalk entrance: _____

Awnings over the windows: ✓

Projecting sign: ✓

of said property.

Signed: _____ Date 01/10/26

Address: 361 HURON AVE

ABUTTERS:

PLEASE COMPLETE FORM WHETHER OR NOT YOU APPROVE OF THE REQUESTED SIGN/AWNING AND RETURN IT TO THE APPLICANT WITHIN SEVEN (7) DAYS FOR INCLUSION IN THE APPLICATION.

SIGN/AWNING APPLICANT:

PLEASE FILL IN DATE THAT FORM WAS DELIVERED TO ABUTTER (TOP RIGHT OF THIS FORM)

Reset Form Print

OFFICE OF THE CITY CLERK

CAMBRIDGE CITY HALL, 795 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02139
PHONE (617) 349-4260
FAX (617) 349-4269
TTY/TDD (617) 349-4242

DONNA P. LOPEZ
CITY CLERK

PAULA M. CRANE
DEPUTY CITY CLERK

ABUTTERS FORM FOR SIGN/AWNING PERMIT

To Whom It May Concern: Date 1/15/26

As Owner/Agent of SKA INC. Cambridge,

Massachusetts, I hereby declare my disapproval ____ approval X of the

installment of:

Canopy over the sidewalk entrance: EXISTING CANOPY TO REMAIN

Awnings over the windows: ____

Projecting sign: EXISTING SIGN TO BE REPAINTED

of said property.

Signed: [signature] Date 1/15/26

Address: 357 HURON AVE, CAMBRIDGE, MA 02138

ABUTTERS:

PLEASE COMPLETE FORM WHETHER OR NOT YOU APPROVE OF THE REQUESTED SIGN/AWNING AND RETURN IT TO THE APPLICANT WITHIN SEVEN (7) DAYS FOR INCLUSION IN THE APPLICATION.

SIGN/AWNING APPLICANT:

PLEASE FILL IN DATE THAT FORM WAS DELIVERED TO ABUTTER (TOP RIGHT OF THIS FORM)

Reset Form Print

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): AZ Signs

Address: 20 Branch St

City/State/Zip: Quincy, MA 02169 Phone #: 781-363-4359

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 4 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partner-ship and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☒ Other Signs & Awning

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: A.I.M. Mutual Insurance

Policy # or Self-ins. Lic. #: VWC10060199272025A Expiration Date: 03/20/2026

Job Site Address: 359 Huron Ave City/State/Zip: Cambridge, MA 02138

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Jiewen Lei Date: 01/06/2026

Phone #: 781-363-4359

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):
1.☐Board of Health 2.☐Building Department 3.☐City/Town Clerk 4.☐Electrical Inspector 5.☐Plumbing Inspector 6.☐Other _____

Contact Person:_____ **Phone #:**_____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required**." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

CITY OF CAMBRIDGE

Community Development Department

City Hall Annex, 344 Broadway, Cambridge, MA 02139

SIGN CERTIFICATION APPLICATION

Please fill out this application to indicate the number, type, and dimensions of signage for your building. If you are unsure of the type of sign and/or allowable dimensions, please review the following pages of this application and Article 7.000 of the Zoning Ordinance. Please note the following additional requirements:

- **All signs must receive a permit from the Inspectional Services Department (ISD) before installation.** Community Development Department certification action does NOT constitute issuance of a permit or certification that all other code requirements have been met. **Do not contract for the fabrication** of a sign until all permits have been issued, including City Council approval if necessary, for signs in the public way.
- Any sign or portion of a sign extending more than six (6) inches into the public way/sidewalk must receive approval from the Cambridge City Council and a bond must be posted with the City Clerk. For questions or additional information, please contact cddzoning@cambridgema.gov.

APPLICANT INFORMATION

Applicant Name: AZ Signs

Phone: 781-363-4359

Email: azsigns@hotmail.com

Sign Address: 359 Huron Ave, Cambridge, MA 02138

PROPOSED SIGN

Please fill out the information below and **attach a sketch of the proposed sign** to the application. Each proposed sign requires an individual form to be filled out. For further information on sign types, see the below page.

Sign text: Sumi House

Sign type: Wall Sign

Area in square feet: 12

Dimensions: 1.5 H x 8 L

Placement height in feet: 11.5

Depth from façade: 1"

Illumination: Natural (no illumination)

Sign frontage in feet: 15.5

Area of existing signs to remain: 0

COMMUNITY DEVELOPMENT DEPARTMENT CERTIFICATION

FOR INTERNAL USE ONLY

Sign conforms to requirements of Article 7.000: Choose option.

Sign requires a variance from the Board of Zoning Appeals: Choose option.

Comments:

Signature:

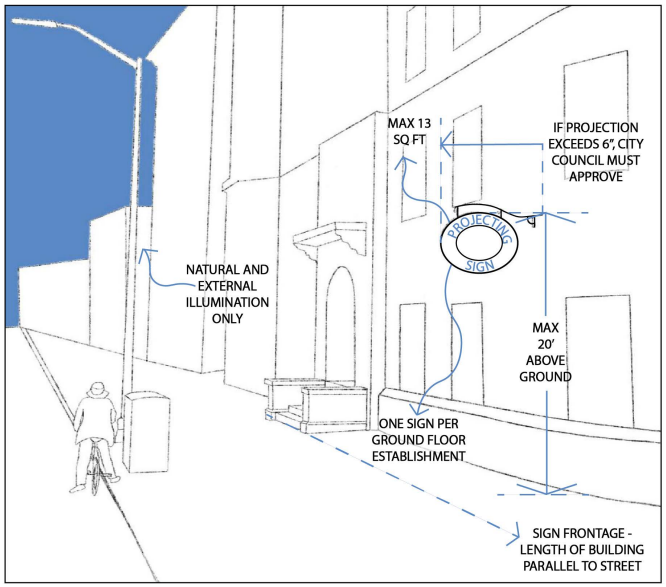
CDD Representative Date

OVERVIEW BY SIGN TYPE

Please note that this guide is intended to provide an overview of requirements by sign type. Sign shall mean and include any permanent or temporary structure, device, letter, words, model, banner, pennant, insignia, trade flag, or representation used as, or which is in the nature of, an advertisement, announcement, or direction and which is designed to be seen from the outside of a building. For further information on specific requirements, consult Article 7.000 of the Zoning Ordinance.

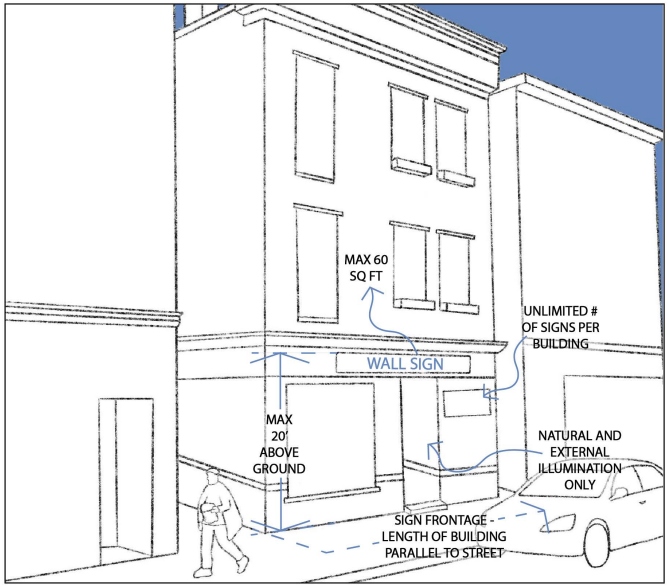
PROJECTING SIGN

A projecting sign is attached to and projects from a building face, including marquee, canopy, and awning mounted signs.



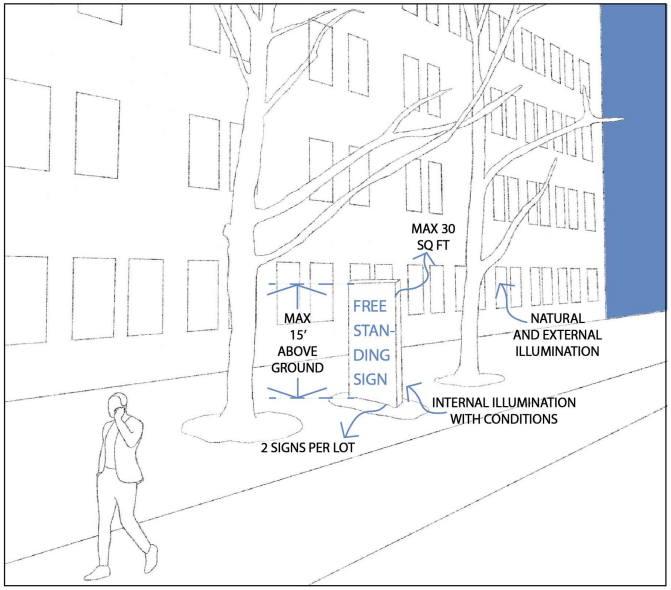
WALL SIGN

A wall sign is affixed so its exposed face and all sign area is parallel to the plane of the building.



FREESTANDING SIGN

A free standing sign is attached to or part of a self-supporting structure and is not attached to any other structure.



CITY OF CAMBRIDGE

Community Development Department

City Hall Annex, 344 Broadway, Cambridge, MA 02139

SIGN CERTIFICATION APPLICATION

Please fill out this application to indicate the number, type, and dimensions of signage for your building. If you are unsure of the type of sign and/or allowable dimensions, please review the following pages of this application and Article 7.000 of the Zoning Ordinance. Please note the following additional requirements:

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APPLICANT INFORMATION

Applicant Name: AZ Signs

Phone: 781-363-4359

Email: azsigns@hotmail.com

Sign Address: 359 Huron Ave, Cambridge, MA 02138

PROPOSED SIGN

Please fill out the information below and **attach a sketch of the proposed sign** to the application. Each proposed sign requires an individual form to be filled out. For further information on sign types, see the below page.

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Sign type: Wall Sign

Area in square feet: 12

Dimensions: 1.5 H x 8 L

Placement height in feet: 11.5

Depth from façade: 1"

Illumination: Natural (no illumination)

Sign frontage in feet: 15.5

Area of existing signs to remain: 0

COMMUNITY DEVELOPMENT DEPARTMENT CERTIFICATION

FOR INTERNAL USE ONLY

Sign conforms to requirements of Article 7.000: Choose option.

Sign requires a variance from the Board of Zoning Appeals: Choose option.

Comments:

Signature:

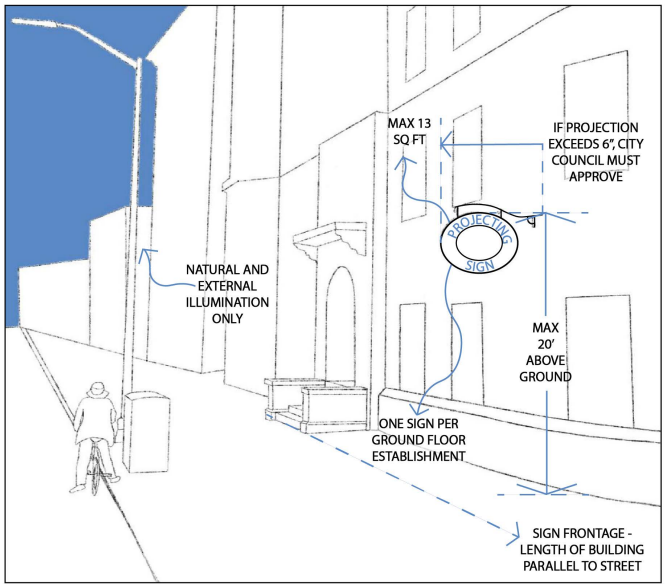
CDD Representative Date

OVERVIEW BY SIGN TYPE

Please note that this guide is intended to provide an overview of requirements by sign type. Sign shall mean and include any permanent or temporary structure, device, letter, words, model, banner, pennant, insignia, trade flag, or representation used as, or which is in the nature of, an advertisement, announcement, or direction and which is designed to be seen from the outside of a building. For further information on specific requirements, consult Article 7.000 of the Zoning Ordinance.

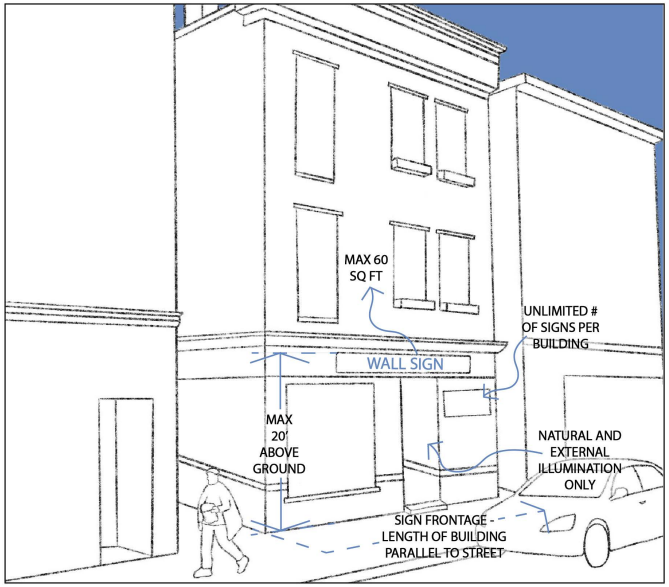
PROJECTING SIGN

A projecting sign is attached to and projects from a building face, including marquee, canopy, and awning mounted signs.



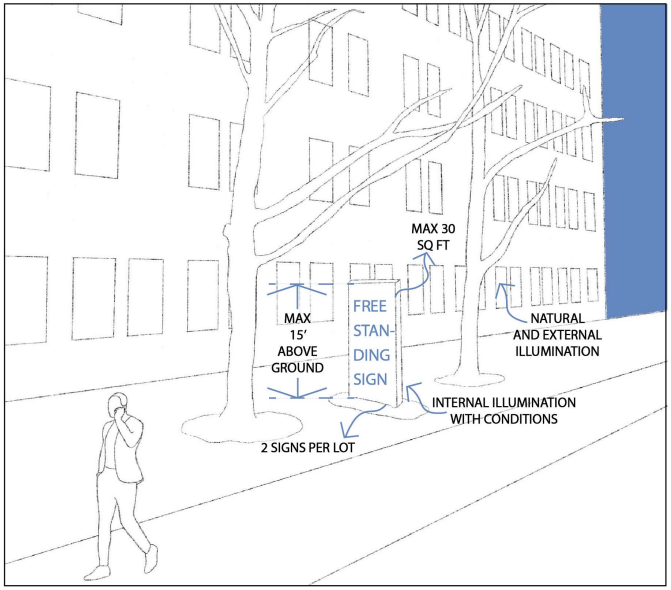
WALL SIGN

A wall sign is affixed so its exposed face and all sign area is parallel to the plane of the building.



FREESTANDING SIGN

A free standing sign is attached to or part of a self-supporting structure and is not attached to any other structure.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/30/2025

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 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 10230-1
Sterling Insurance Group
RFD 406A Advisors, Inc
P.O. Box 2168
Vineyard Haven, MA 02568

CONTACT NAME: 10230 10230/1
PHONE (A/C, No, Ext): (508) 687-2750
FAX (A/C, No): (508) 687-0133
E-MAIL ADDRESS: rich@insurewithsterling.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : A.I.M. Mutual Insurance Company (100)	33758
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
An Xing Inc
AZ Signs
20 Branch St #1
Quincy, MA 02169

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		VWC-100-6019927-2025A	3/20/2025	3/20/2026	X WC STAT-UTORY LIMIT ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000.00

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

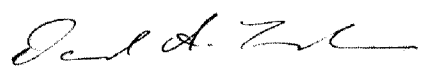
CERTIFICATE HOLDER

Sumi House
359 Huron Avenue
Cambridge, MA 02138

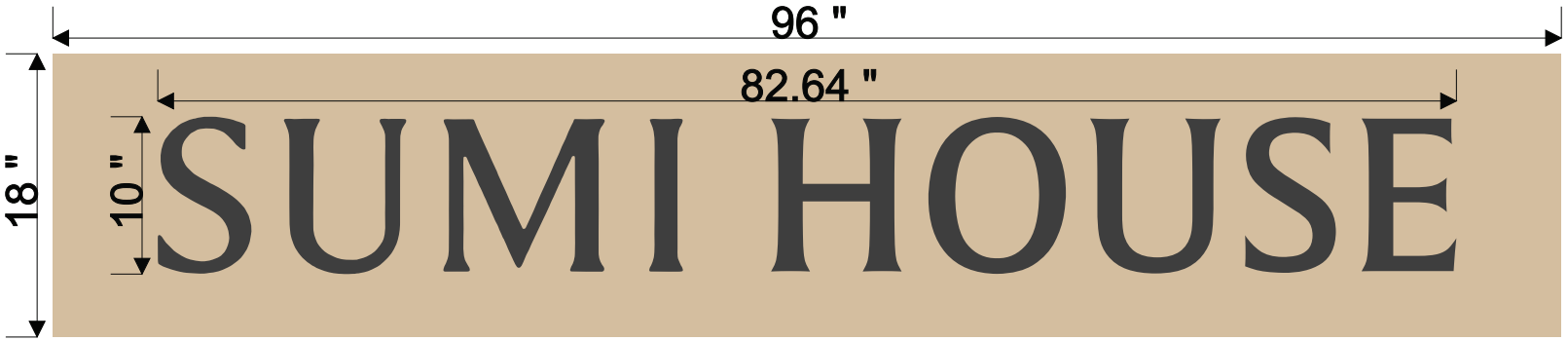
CANCELLATION

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



359 Huron Ave, Cambridge, MA 02138



Proposed

Specification:

1. Replace the Existing Signage
2. Install a New Aluminum Panel Sign (Non-illuminated)
   - Size: 18" x 96" (Same Size As Existing Sign)
   - Material: .040" Mocha Tan Alum.; 1" x 1" Metal Tubing
   - Thickness: 1" Depth
   - Lettering: Dark Gray Vinyl Lettering
   - Total Area: 12 SF

Existing

Customer:
Company: SUMI HOUSE
Phone: 617-309-8582
Estimate:

Address: 359 Huron Ave
City: Cambridge
State/ZIP: MA 02138
Job No.:
Date: 12/29/2025

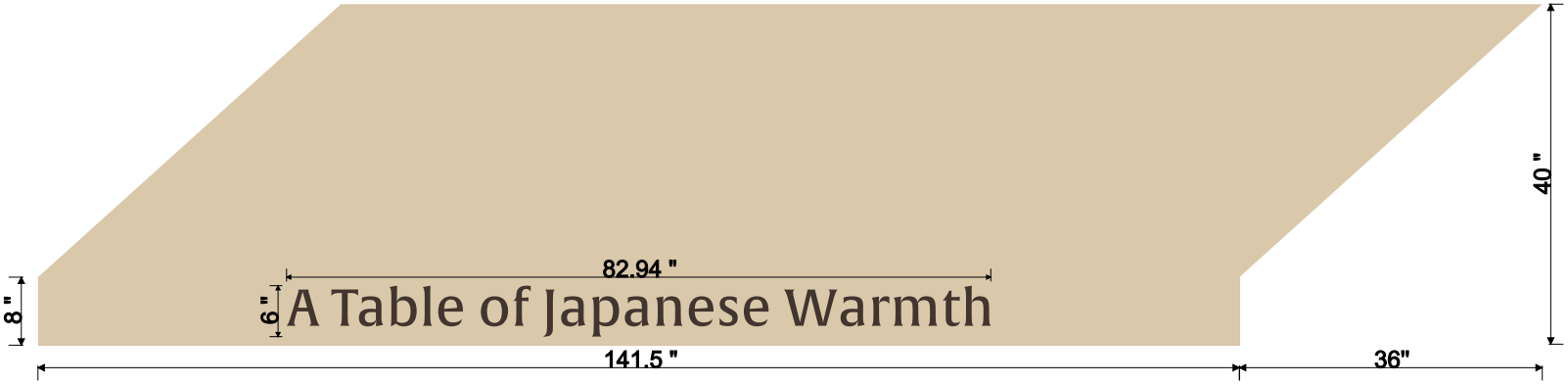
The undersigned, in his or her individual and official capacity, hereby certifies the quoted prices, designs, terms, and conditions are accepted. AZ SIGNS is authorized to perform the work as specified.

x _____ Date _____

Print Name _____

AZ SIGNS & STOREFRONTS
安興 招牌·玻璃·鋁門面 | 781-363-4359
20 BRANCH STREET, UNIT 1, QUINCY, MA 02169

359 Huron Ave, Cambridge, MA 02138



Proposed

Specification:

Existing Awning Change New Fabric

- Keep the Existing Frame & Structure
- Fabric: Sunbrella Linen Fabric#6033 60"
- Lettering: Painted Brown Polyester Insignia Cloth
- Total Lettering Area: 3.5 SF

Existing

Customer:

Company: FUPO CAFE

Phone: 781-492-8208

Estimate:

Address: 359 Huron Ave

City: Cambridge

State/ZIP: MA 02138

Job No.:

Date: 01/15/2025

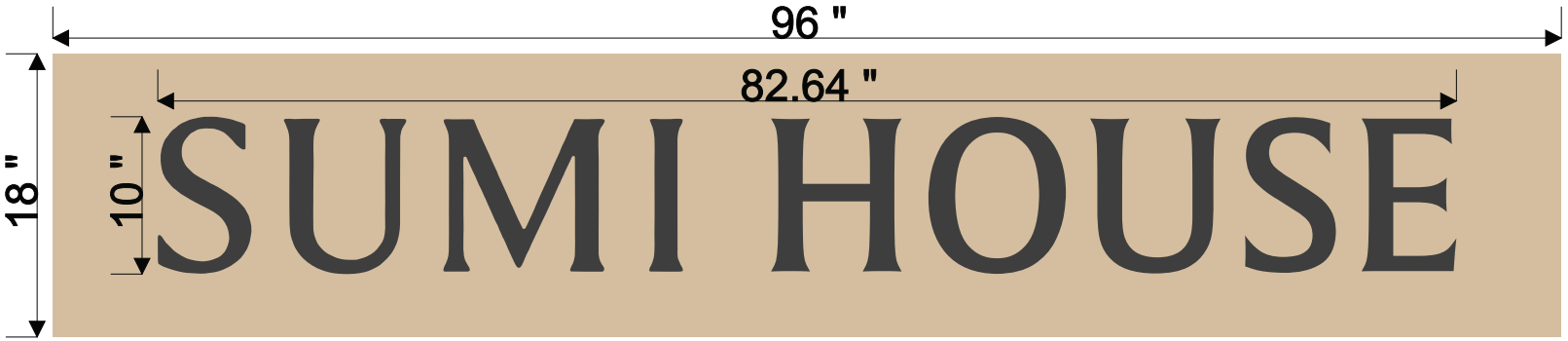
The undersigned, in his or her individual and official capacity, hereby certifies the quoted prices, designs, terms, and conditions are accepted. AZ SIGNS is authorized to perform the work as specified.

x Date

Print Name

AZ SIGNS & STOREFRONTS
安興 招牌·玻璃·鋁門面 | 781-363-4359
20 BRANCH STREET, UNIT 1, QUINCY, MA 02169

359 Huron Ave, Cambridge, MA 02138



Proposed

Specification:

1. Replace the Existing Signage
2. Install a New Aluminum Panel Sign (Non-illuminated)
   - Size: 18" x 96" (Same Size As Existing Sign)
   - Material: .040" Mocha Tan Alum.; 1" x 1" Metal Tubing
   - Thickness: 1" Depth
   - Lettering: Dark Gray Vinyl Lettering
   - Total Area: 12 SF

Existing

Customer:
Company: SUMI HOUSE
Phone: 617-309-8582
Estimate:

Address: 359 Huron Ave
City: Cambridge
State/ZIP: MA 02138
Job No.:
Date: 12/29/2025

The undersigned, in his or her individual and official capacity, hereby certifies the quoted prices, designs, terms, and conditions are accepted. AZ SIGNS is authorized to perform the work as specified.

x _____ Date _____

Print Name _____

AZ SIGNS & STOREFRONTS
安興 招牌·玻璃·鋁門面 | 781-363-4359
20 BRANCH STREET, UNIT 1, QUINCY, MA 02169

359 Huron Ave, Cambridge, MA 02138

Proposed

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- Keep the Existing Frame & Structure
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Existing

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Company: FUPO CAFE

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Estimate:

Address: 359 Huron Ave

City: Cambridge

State/ZIP: MA 02138

Job No.:

Date: 01/15/2025

The undersigned, in his or her individual and official capacity, hereby certifies the quoted prices, designs, terms, and conditions are accepted. AZ SIGNS is authorized to perform the work as specified.

x Date

Print Name

AZ SIGNS & STOREFRONTS
安興 招牌·玻璃·鋁門面 | 781-363-4359
20 BRANCH STREET, UNIT 1, QUINCY, MA 02169

AZ SIGNS

QUOTE

01/06/2026

20 Branch Street #1
Quincy, MA 02169
Tel: 617-773-4188

Bill To: SUMI HOUSE
359 Huron Ave, Cambridge, MA

Ship To: SAME

Phone: 617-309-8582/ 617-513-6830
Fax:

JOB NO.	ORDER DATE	SALESPERSON	DELIV. DATE	TERMS	SHIPPING	P.O. NO.
2001			ASAP			

QUANTITY	DESCRIPTION	PRICE
1	Existing Awning Change New Fabric - Keep the Existing Frame & Structure - Fabric: Sunbrella Linen Fabric#6033 60" - Lettering: Painted Brown Polyester Insignia Cloth	$2450.00
1	18" x 96" Aluminum Panel Sign - Material: .040" Mocha Tan Alum. ; 1" x 1" Metal Tubing - Thickness: 1" Depth - Lettering: Dark Gray Vinyl Lettering - Non-illuinated	
	--- Installation & Labor Sign Permit Application (Sign Permit Fee will be Paid by Client)	

Comments: Not include ANY Electrical Permits, Special Permits & Others
Not include ANY Stamped & Signed by MA Registered Design Professional
Lighting if Needed Responsibility of Customer;

SUBTOTAL	$2450.00
SALES TAX	$50.00
TOTAL	$2500.00
PAYMENTS	$0.00
BALANCE DUE	$2500.00

Signature: _____ Date: _____

Print Name: _____

This is a legal binding contract under MA General Laws. All materials are guaranteed to be as specified. all work is to be completed in a workmanlike manner according to standard practices. One Year limited warrant covers repair or exchanges of installed defective parts with same or less value parts. All sale are final. No exchanges after 7 days of retail purchase. Full payment is due upon the arrival of the installation personnel.Past due amounts are subject to 15% APR interest. Client agrees to carry necessary insurances, verify spelling and pay for all balance due, legal fee and all other costs incurred due to late payments or collection.

Payment Terms: 60% Deposit. Balance Due After Installation.
Fees associated with hiring an electrician for electrical wiring is NOT included.

THANK YOU FOR YOUR BUSINESS!

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/19/25

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.

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PRODUCER	CONTACT NAME:	
Lins Insurance Agency 64R Hancock St Braintree, MA 02184	PHONE (A/C, No, Ext): 781-984-9066	FAX (A/C, No): 781-984-9078
	E-MAIL ADDRESS: Plin@LinsInsuranceAgency.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nautilus Insurance Company	
INSURER B : Arbella Protection Insurance Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

An Xing, Inc
20 Branch Street #1
Quincy, MA 02169

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			NN1892927	08/28/25	08/28/26	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			1020165333 01	09/18/25	09/18/26	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

make sign,sign installation, awning Production, awning installation, glass installation, aluminum windows and doors production and installation. Most they do is commercial, about 95%.

CERTIFICATE HOLDER

Sumi House
359 Huron Ave
Cambridge, MA 02138

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