



Record No:

1192945

Sign/Awning Permit

Status: Active

Submitted On: 12/11/2025

Primary Location

1 Canal Pk
Cambridge, MA 02141

Owner

1 CANAL OWNER LLC
10100 SANTA MONICA BLVD
15TH FLOOR LOS ANGELES ,
CA 90067

Applicant

 Ricky Zeng
 857-205-5678
 @ ccsignboston@yahoo.com
 259 Quincy Ave.
Quincy, MA 02169

General Information

What option best describes this application?*

Sign(s)

Description of Proposed Work*

install a blade sign mounted on the existing bracket to the wall.

Estimated Cost of Sign(s) in dollars *

2200

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

0

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*

Love Art Sushi

Type of Sign*

Projecting

Illumination*

External

Height of Sign (feet)*

3.5

Width of Sign (feet)*

2.75

Area of Sign (square feet)*

9.62

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

14

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

10.5

Sign Material*

Aluminum, LED, Acrylic, vinyl

Weight of the sign (lbs)*

30

Projection from the Building (inches)

34

Width of Building Facade for Associated Use (feet)*

42.5

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

Yes

Contractor

Contractor Name*

RICKY Z ZENG

Address*

50 Duncan Cir

E-mail*

ccsignboston@yahoo.com

Telephone*

617-210-7982

License Number*

CS-113216

License Expiration Date*

07/13/2026

Contractor's Signature

Signature of Licensed Contractor*

Ricky Zeng

Date*

12/11/2025

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) Love Art Cambridge.pdf Uploaded by Ricky Zeng on Dec 11, 2025 at 9:08 AM	REQUIRED
	Contract with Sign Company Invoice.pdf Uploaded by Ricky Zeng on Dec 11, 2025 at 9:18 AM	REQUIRED
	Proof of Insurance Workers Compensation Insurance Affidavit.pdf Uploaded by Ricky Zeng on Dec 11, 2025 at 9:11 AM	REQUIRED

	Signed contract between property owner and applicant REQUIRED Landlord Authorization (2).pdf Uploaded by Ricky Zeng on Dec 11, 2025 at 9:08 AM
	Sign_Certification_Form_template_Tue_Jun_10_2025_09-29-31.pdf Sign_Certification_Form_template_Tue_Jun_10_2025_09-29-31.pdf Uploaded by Ricky Zeng on Dec 11, 2025 at 9:19 AM
	Sign_Certification updated.pdf Sign_Certification updated.pdf Uploaded by Ricky Zeng on Dec 12, 2025 at 3:19 PM
	1 Canal Pk_Aproved Sign Certificate_20251216.pdf 1 Park St_Aproved Sign Certificate_20251216.pdf Uploaded by Idelcia ReBeca Mapure on Dec 16, 2025 at 1:31 PM
	AbuttersApproval.pdf AbuttersApproval.pdf Uploaded by Jessica Chiepe on Jan 8, 2026 at 1:19 PM

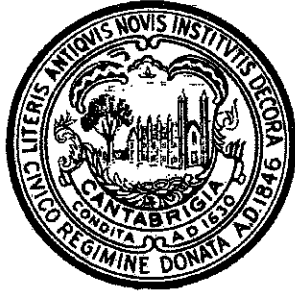
Record Activity

Ricky Zeng started a draft Record	12/10/2025 at 3:31 pm
Ricky Zeng added file Love Art Cambridge.pdf	12/11/2025 at 9:08 am
Ricky Zeng added file Landlord Authorization (2).pdf	12/11/2025 at 9:08 am
Ricky Zeng added file Workers Compensation Insurance Affidavit.pdf	12/11/2025 at 9:11 am
Ricky Zeng added file Invoice.pdf	12/11/2025 at 9:18 am
Ricky Zeng added file Sign_Certification_Form_template_Tue_Jun_10_2025_09-29-31.pdf to Record 1192945	12/11/2025 at 9:19 am
Ricky Zeng submitted Record 1192945	12/11/2025 at 9:19 am
OpenGov system altered approval step Community Development Plan Review, changed status from Inactive to Active on Record 1192945	12/11/2025 at 9:19 am
OpenGov system altered approval step Review for Completeness, changed status from Inactive to Active on Record 1192945	12/11/2025 at 9:19 am

OpenGov system assigned approval step Review for Completeness to Branden Vigneault on Record 1192945	12/11/2025 at 9:19 am
OpenGov system assigned approval step Community Development Plan Review to Mason Wells on Record 1192945	12/11/2025 at 9:19 am
Mason Wells reassigned approval step Community Development Plan Review from Mason Wells to Idelcia ReBeca Mapure on Record 1192945	12/11/2025 at 9:45 am
Mason Wells changed the deadline to Dec 25, 2025 on approval step Community Development Plan Review on Record 1192945	12/11/2025 at 9:46 am
Ricky Zeng added file Sign_Certification updated.pdf to Record 1192945	12/12/2025 at 3:19 pm
Idelcia ReBeca Mapure altered multi-entry field Illumination, changed value from "Internal" to "External" on Record 1192945	12/16/2025 at 11:03 am
Idelcia ReBeca Mapure added file 1 Park St_Approved Sign Certificate_20251216.pdf to Record 1192945	12/16/2025 at 1:31 pm
Idelcia ReBeca Mapure approved approval step Community Development Plan Review on Record 1192945	12/16/2025 at 1:35 pm
Ricky Zeng added a guest: jess@blackfincollective.com to Record 1192945	12/17/2025 at 10:45 am
Branden Vigneault approved approval step Review for Completeness on Record 1192945	01/05/2026 at 5:32 pm
OpenGov system altered approval step Department of Public Works Review, changed status from Inactive to Active on Record 1192945	01/05/2026 at 5:32 pm
OpenGov system assigned approval step Department of Public Works Review to Brian McLane on Record 1192945	01/05/2026 at 5:32 pm
Branden Vigneault altered multi-entry field Sign Text, changed value from "Love art Sushi" to "<p style='\"box-sizing: border-box; margin: Opx Opx 10px;\">Love Art Sushi</p>" on Record 1192945	01/05/2026 at 5:33 pm
Branden Vigneault altered multi-entry field Projection from the Building (inches), changed value from "" to "34" on Record 1192945	01/05/2026 at 5:37 pm
Brian McLane approved approval step Department of Public Works Review on Record 1192945	01/08/2026 at 6:46 am
OpenGov system altered approval step City Clerk Review, changed status from Inactive to Active on Record 1192945	01/08/2026 at 6:46 am
OpenGov system assigned approval step City Clerk Review to Lori Perez on Record 1192945	01/08/2026 at 6:46 am
Jessica Chiep added file AbuttersApproval.pdf to Record 1192945	01/08/2026 at 1:19 pm

Timeline

Label	Activated	Completed	Assignee	Due Date	Status
✓ Review for Completeness	12/11/2025, 9:19:23 AM	1/5/2026, 5:32:45 PM	Branden Vigneault	-	Completed
✓ Community Development Plan Review	12/11/2025, 9:19:23 AM	12/16/2025, 1:35:15 PM	Idelcia ReBeca Mapure	12/25/2025	Completed
✓ Department of Public Works Review	1/5/2026, 5:32:46 PM	1/8/2026, 6:46:26 AM	Brian McLane	-	Completed
✓ City Clerk Review	1/8/2026, 6:46:26 AM	-	Lori Perez	-	Active
✓ City Council Approval	-	-	-	-	Inactive
✓ Bond	-	-	-	-	Inactive
💰 Sign Permit Fee	-	-	Ricky Zeng	-	Inactive
✓ Building Inspector Review	-	-	-	-	Inactive
📄 Sign Permit	-	-	-	-	Inactive



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: Ricky Zeng

Phone: 617-210-7982

Email: ccsignboston@yahoo.com

Sign Address: One Canal Park

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: Love Art Sushi

Sign type: Projecting Sign (including awnings)

Area in square feet: 9.62

Dimensions: 42" H x 33" L

Placement height in feet: 10.5

Depth from façade: 7"

Illumination: Internal

Sign frontage in feet: 42.5

Area of existing signs to remain:

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: *Adelcia Mapure*

CDD Representative

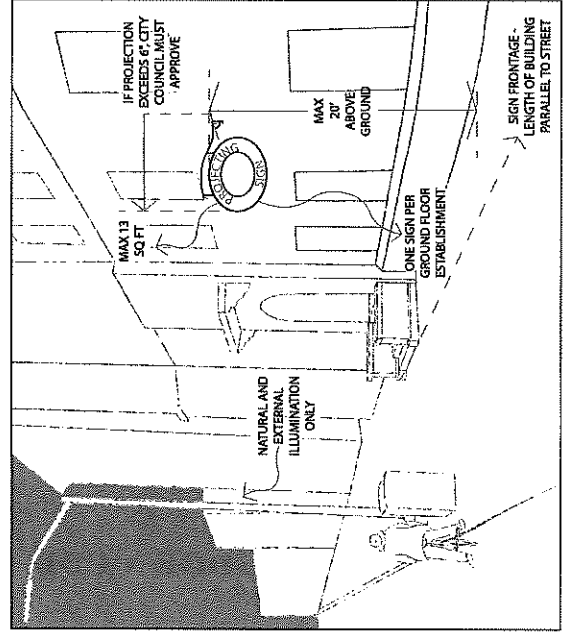
Date

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, 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.

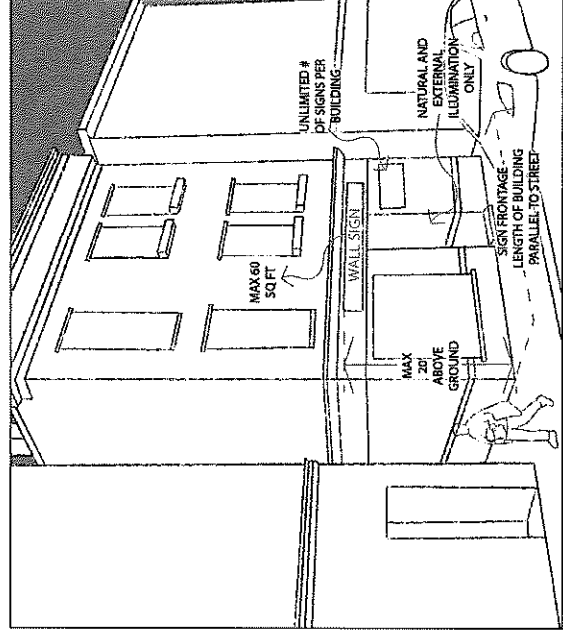
PROJECTING SIGN

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



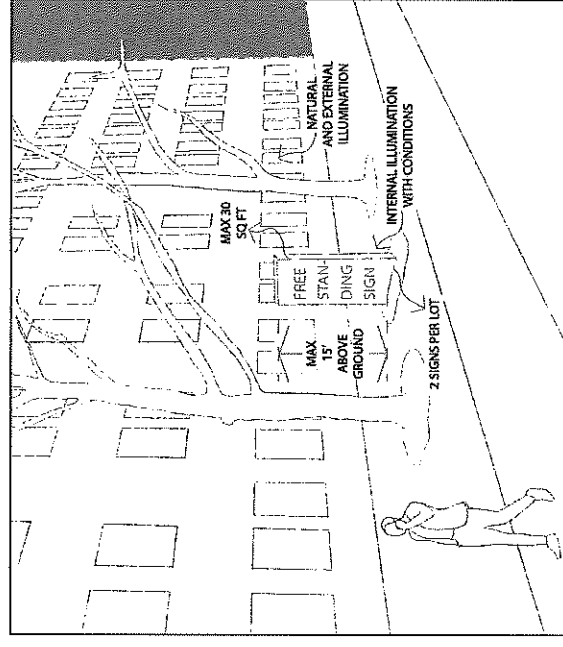
WALL SIGN

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.





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 12/18/25

As Owner of Agent of 25 First Street Cambridge,
Massachusetts, I do hereby declare my disapproval _____ approval ☒ of the
installment of:

Canopy over the sidewalk entrance: _____

Awnings over the windows: _____

Projecting sign: BLADE SIGN 1 CANAL PARK CAMBRIDGE MA 02141

of said property.

Signed: [Signature] Date 12/29/25

Address: 125 Summer Street Boston, Ma.

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)

NEW CC SIGN INC.

SIGNAGE INVOICE

15072

Tel:617-210-7982

Fax:617-210-7983

70 Old Colony Ave. Boston, MA 02127

E-mail: ccsignboston@gmail.com

CLIENT: Love Art Sushi	Address: 1 Canal Park Cambridge MA 02141
Contact Person: Jessica Chiep	Telephone: 301-742-6705
☐ Pick-up ☐ Delivery ☒ Installation	Date: 12/10/2025

LED Blade Sign \$1650
Installation \$450

SIGNATURE OF CLIENT: Jessica DATE: 12/10/2025

SIGNATURE OF THE SALES PERSON: Ricky Zeng DATE: 12/10/2025

Payment to be made as follows : 50% Deposit

TOTAL \$ 2100
TAX \$
PERMIT FEE \$
DEPOSIT \$ ☐ CASH ☐ CHECK NO. _____
BALANCE \$ ☐ CHECK NO. _____
DATE PAID IN FULL :
COLLECTED BY :

PROPERTY OWNER AUTHORIZATION FORM

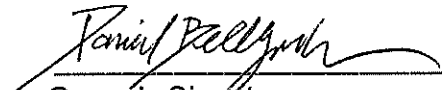
I, 1 Canal Owner, L.L.C.
(Property Owner's Name - Print)

Owner of property located at One Canal Park

Hereby authorize New CC Sign Inc. / Ricky Zeng
(Company/Contractor's Name - Print)

to act on my behalf to obtain a building permit relating to exterior signage that has been approved by Owner,
and to perform work on my property referenced above. This form is only valid with Owner's authorized representative's signature below.

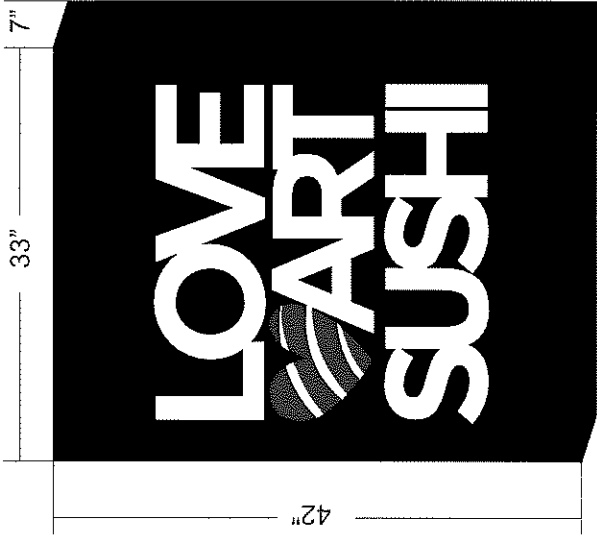
Notwithstanding anything appearing to the contrary in this Agreement, no direct or indirect partner, member or shareholder of Owner (or any officer, director, agent, member, manager, personal representative, trustee or employee of Owner or of any such direct or indirect partner, member or shareholder) shall be personally liable for any debts or other obligations of Owner or in respect of any claims against Owner arising under this Agreement. No personal judgment shall be sought or obtained against any direct or indirect partner, member or shareholder of Owner (or any officer, director, agent, member, manager, personal representative, trustee or employee of Owner or of any such direct or indirect partner, member or shareholder).


Owner's Signature By: Daniel Beldegrun, Authorized Signatory

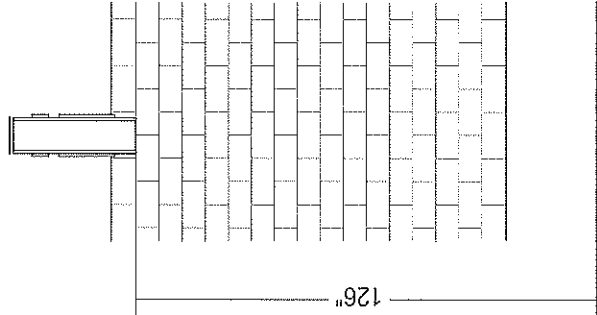
11/24/2025

Date

DIMENSIONS



SIDE VIEW



PROPOSAL



PRE-EXISTING CONDITIONS:

- Existing Bracket
- Existing Lights

SPECIFICATIONS

- Box mounted on existing bracket
- 040 Black aluminum box 1"x1" galvanized tubing frame
- 3/8" Clear acrylic lettering with white and red vinyl
- Sign installed in location shown on attached photo

Blade Sign:

This image is for general reference only, and may not accurately represent the actual product.

Customer: Jessica Chiep
Company: Love Art Sushi
Phone: 301-742-6705
Original: 11/19/2025
Estimate(\$0 Means No Price):

Address: One Canal Park
City: Cambridge
State/Zip: MA
File Name:
Job No:

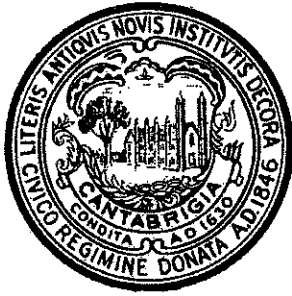
The undersigned, in his or her individual and official capacity, hereby certifies that the quoted prices, designs, specifications, terms, and conditions are accepted. New CC Sign is authorized to perform the work as specified.

X _____ Date _____

Print Name _____

NEW CC SIGN

259 Quincy Ave. Quincy, MA 02169
TEL: 617-210-7982 / 617.479.8552
Fax: 617.479.4852
ccsignboston@gmail.com
NEW CC Sign ALL RIGHTS RESERVED



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Depth from façade: 7"

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Sign frontage in feet: 42.5

Area of existing signs to remain:

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

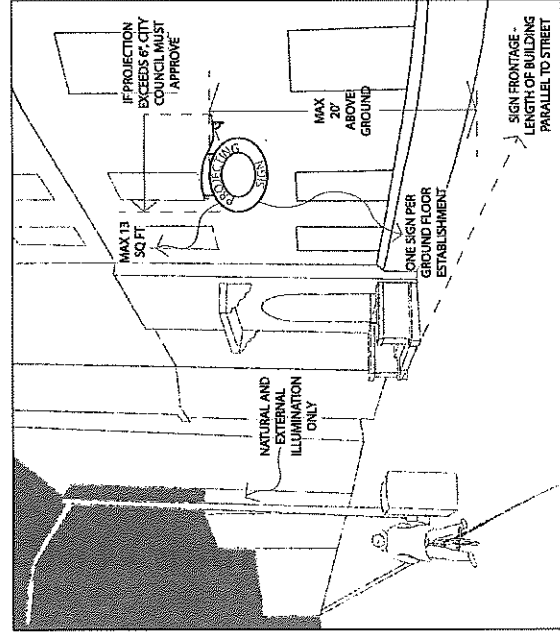
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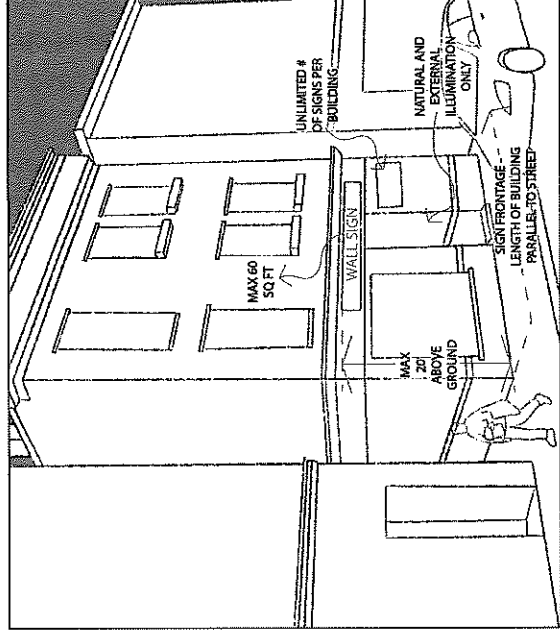
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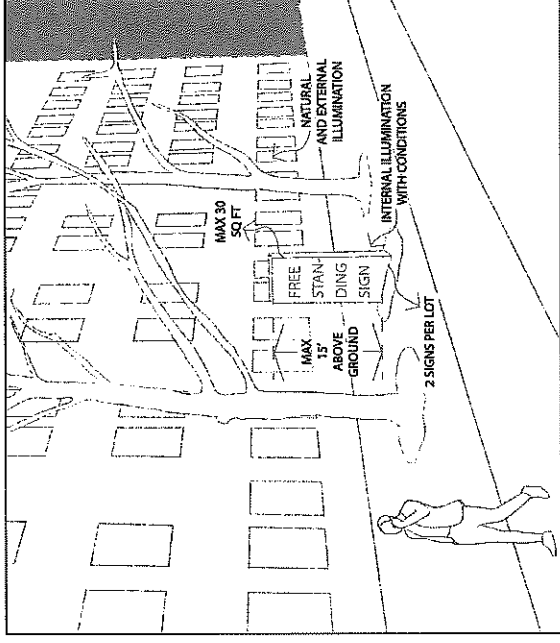
WALL SIGN

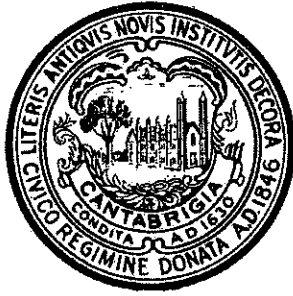
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Comments:

Signature:

CDD Representative

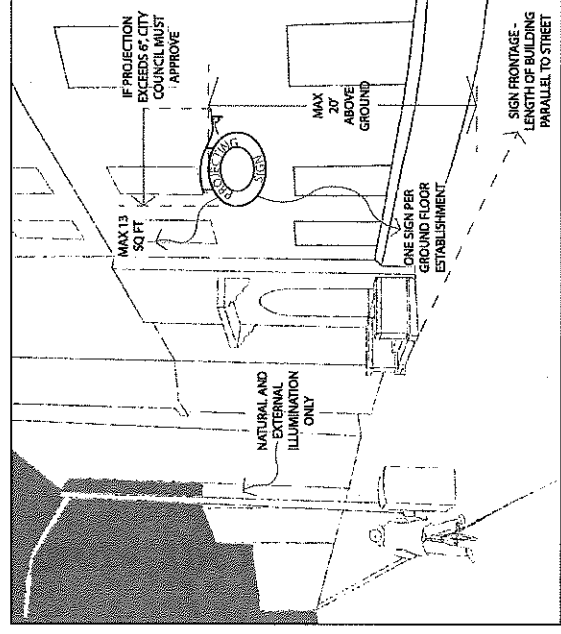
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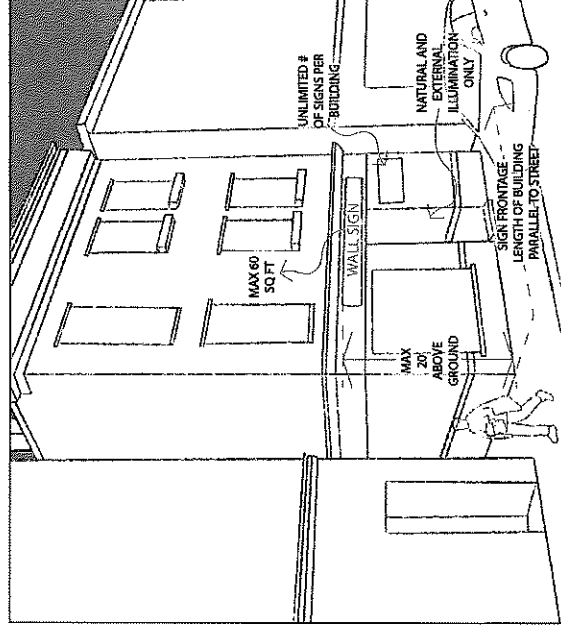
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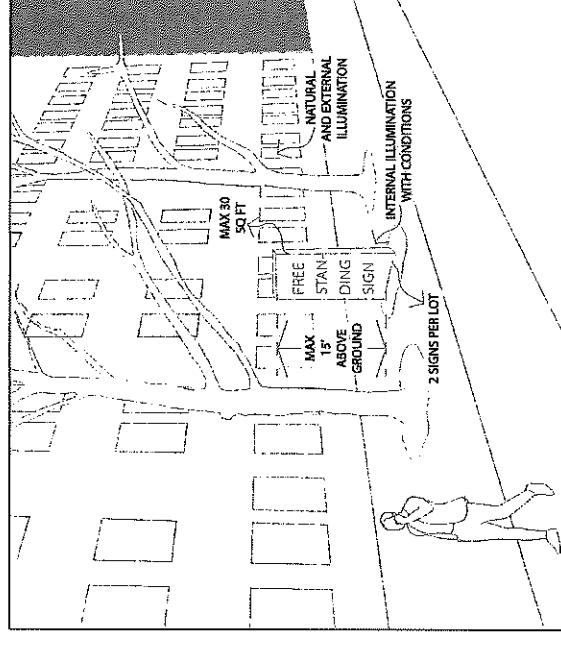
WALL SIGN

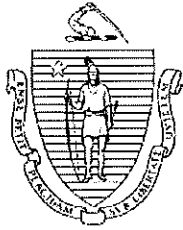
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The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): New CC Sign

Address: 259 Quincy Ave.

City/State/Zip: Quincy MA 02169

Phone #: 617-210-7982

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. ☒ I am an employer with <u>2</u> employees (full and/or part-time).*</p> <p>2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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. ‡</p> <p>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.]</p> |
|--|---|

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 Sign

*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: Travelers

Policy # or Self-ins. Lic. #: UB-002W596558 Expiration Date: 12/24/2026

Job Site Address: 1 Canal Park City/State/Zip: Cambridge MA 02141

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: Ricky Zeng Date: 12/11/2025

Phone #: 617-210-7982

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 (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

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