



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

## Application to Renew Drain Layer License

**D'ALLESSANDRO CORP**  
**41 LEDIN DR**  
**PO BOX 245**  
**AVON MA 02322**

**License #:** .BL15-000665  
**File #:** 15-548  
**Fee:** 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> D'ALLESSANDRO CORP <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 508-559-6400	
<b>License Holder:</b> D'ALLESSANDRO CORP 41 LEDIN DR PO BOX 245 AVON MA 02322	
<b>Mailing Address:</b> D'ALLESSANDRO CORP 41 LEDIN DR PO BOX 245 AVON MA 02322	
<b>Business Type:</b> Corporation JON D'ALLESSANDRO JON D'ALLESSANDRO JON D'ALLESSANDRO	
<b>FID:</b> 042958565	
<b>Emergency Contact:</b> PETER PIANTIDOSI <b>Phone:</b> 617-413-2103	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built"**

**CONTINUATION CERTIFICATE**

In consideration of **\$100.00** Dollars renewal premium,  
the term of Bond/Policy No. **MA1824**  
in the amount of **\$10,000.00 Ten Thousand and No/100**  
issued on **5/2/2016**  
on behalf of **D'Allessandro Corp.**  
in favor of the **City of Somerville, MA**  
in connection with **Drainlayer Bond**  
is hereby extended to **5/2/2017**  
subject to all the covenants and conditions of said bond/policy.


This certificate is designed to extend only the life of the bond/policy. It does not increase the amount which may be payable thereunder. The aggregate liability of the Company under the said bond/policy together with this certificate shall be exactly the same as, and no greater than it would have been, if the said bond/policy has originally been written to expire on the date to which it is now being extended.

Signed, sealed and dated (enter below)  
March 14, 2016.

**Merchants Bonding Company**

(Surety)

BY:

  
\_\_\_\_\_  
Carl L. Traina, Attorney-in-Fact

WITNESS:

  
\_\_\_\_\_

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

**Applicant information:**

Name: D'ALESSANDRO CORP.  
Address: 41 LEDIN DR.  
City: AUON State: MA Zip: 02322 Phone #: 508-559-6400

- I am an employer with 105 employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: USI INSURANCE SERVICES  
Address: 12 GILL ST.  
City: WOBURN State: MA Zip: 01801 Phone #: 855-874-0123  
Policy #: ABCMA14000116 Expiration Date: 01-01-17

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature: [Signature] Date: 4-20-2016

Print Name: JOHN B D'ALESSANDRO PRESIDENT

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_