

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/19/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-23-2010
Amount Paid 250.00

CK 18607

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: N. SACCA & SONS INC Phone:

Business DBA Name (if applicable):

Address with Zip Code: 50 BRILLIANT ST BELMONT MASS 02178

Tax Identification Number: 042506857 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): N. SACCA & SONS INC

Address with Zip Code: 50 BRILLIANT ST BELMONT MASS 02178

Property Owner Name: Phone: 781-643-2125

Address with Zip Code:

Emergency Contact 1: DAVID TISACCA Phone: 617-645-2952

Emergency Contact 2: Phone:

- Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

2010 MAR 23 A 11:12
CITY CLERK'S OFFICE
MILLC, MA

3/24/10 called spoke w/ Daine

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *David J. Sacca* Date: 3/19/10  
Print Name: DAVID J. SACCA Phone: 781-643-2125

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:      Approved      Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_



Fidelity and Deposit Companies

Surety Service Center
3910 Keswick Road
Baltimore, MD, 21211
Toll Free Phone No: 1-800-664-0939

Bond No. 08335739

CONTINUATION CERTIFICATE
For Miscellaneous Term Bonds

Principal: N. Sacca & Sons, Inc.

and the Fidelity and Deposit Company of Maryland, as Surety in a certain Bond No. 08335739, with an effective date of the 3rd day of April, 2000 in the penalty of: Ten Thousand 00/100

Dollars (\$ 10,000.00).

In Favor of: City of Somerville, MA

do hereby continue said bond in force for the further term(s) of 3 years(s) beginning on the 3rd day of April, 2009 and ending on the 3rd day of April, 2012

Drain Layer Bond for the City of Somerville, MA

PROVIDED, however, that said bond, as continued hereby, shall be subject to all its terms and conditions, except as herein modified, and that the liability of the said Fidelity and Deposit Company of Maryland under said bond and any and all continuations thereof shall in no event exceed in the aggregate the above named penalty, and that this certificate shall not be valid unless signed by said Principal.

Signed, sealed and dated this 23rd day of March, 2010.

Witness:

N. Sacca & Sons, Inc.

Witness signature lines

Principal (SEAL)
Principal (SEAL)
Principal (SEAL)



FIDELITY AND DEPOSIT COMPANY OF MARYLAND

BY:

Alyssa Richelle Michael, Attorney-in-Fact

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

N. SAECIA HOWS INC

\*Signature of Individual or Corporate Name (Mandatory)

Paul J. Silva PRES.

By: Corporate Officer (Mandatory, if a corporation)

042506887

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

✓ Name: N. SACCA TRUSS IV C  
 ✓ Address: 50 BARKER ST  
 ✓ City: BELMONT State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- I am an employer with 12 employees Business Type:  Retail  
 (full and/or part time).  Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no  Office and/or Sales (real estate, auto, etc.)  
 employees.  Nonprofit  
 We are a corporation that has exercised our right of  Entertainment  
 exemption per c152 s1(4), and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by  Health Care  
 volunteers and have no employees.  Other \_\_\_\_\_

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

✓ Insurance Company Name: \_\_\_\_\_  
 ✓ Address: \_\_\_\_\_  
 ✓ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 ✓ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: David J. Sacca Date: 3/23/2010  
 Print Name: DAVID J. SACCA

*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 \_\_\_\_\_

Client#: 129870

NSACCA&SONS

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 3/24/2010
<b>PRODUCER</b> HUB International New England 299 Ballardvale St Wilmington, MA 01887 978 857-5100	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> N. Sacca & Sons, Inc. Ms. Mary Sacca P. O. Box 445 Arlington, MA 02476	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Ohio Casualty Insurance Company INSURER B: Excelsior Insurance Company INSURER C: Peerless Insurance Co INSURER D: INSURER E:	<b>NAIC #</b>

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	POLICY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BK1052783651	11/01/09	11/01/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	BA8413199	04/23/09	04/23/10	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	USO1052783651	11/01/09	11/01/10	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC1624194	09/22/09	09/22/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Blanket Additional Insured (Owners, Lessees, Contractors or Lessors) where required by written contract or agreement on a Primary/Noncontributory basis. Waiver of Subrogation (Liability and Excess Liability) subject to all policy terms, conditions and exclusions.  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> City of Somerville Department of Public Works 1 Franey Road Somerville, MA 02145	<b>CANCELLATION 10 Days for Non-Payment</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Michael A. Chapman</i>
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X6663  
 Mary Mc Carthy